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DLN: 93493316038280

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 C Name of organization D Employer identification number **B** Check if applicable The Community Foundation for use IRS Address change Southwest Washington 91-1246778 label or Doing Business As E Telephone number Name change print or type. See Specific (360) 694-2550 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 19,454,564 1053 Officers Row Terminated tions. City or town, state or country, and ZIP \pm 4 Vancouver, WA 98661 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for MARY PRINGLE ΓYes **Γ**Nο affiliates? 1053 OFFICERS ROW VANCOUVER, WA 98661 H(b) Are all affiliates included? □ Yes □ No If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW CFSWW ORG K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 1984 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities THE COMMUNITY FOUNDATION'S MISSION IS TO SHAPE THE FUTURE OF SOUTHWEST WASHINGTON THROUGH PHILANTHROPY SINCE OUR FOUNDING IN 1984, WE HAVE GRANTED MORE THAN \$87 MILLION Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 15 Total number of employees (Part V, line 2a) 11 320 Total number of volunteers (estimate if necessary) . 18,951 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 5,997,424 5,274,186 37,272 Program service revenue (Part VIII, line 2g) . . 45.461 1,004,122 2,689,018 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 7,047,007 8,000,476 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 4.289.993 3.087,360 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 Expenses 556.863 612.044 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 267,177 b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 17 314,711 333,725 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,216,748 3,977,948 4,022,528 Revenue less expenses Subtract line 18 from line 12 . 1,830,259 t Assets or in Balances **Beginning of Current End of Year** 43,477,366 53,606,907 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X. line 26) . 3.905.179 4.059.576 39,572,187 49,547,331 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2010-11-10 Here Signature of officer DR JIM YOUDE TREASURER Type or print name and title Date Check if Preparer's identifying number Preparer's signature Richard V Proulx CPA (see instructions) Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours Kern & Thompson LLC if self-employed), address, and ZIP + 4 **Use Only** 1618 SW First Avenue Suite 215 Phone no (503) 222-3338 Portland, OR 97201 May the IRS discuss this return with the preparer shown above? (see instructions) \dots

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE COMMUNITY FOUNDATION'S MISSION IS TO SHAPE THE FUTURE OF SOUTHWEST WASHINGTON THROUGH PHILANTHROPY SINCE OUR FOUNDING IN 1984, WE HAVE GRANTED MORE THAN \$87 MILLION

2	Did the organization undertake any s the prior Form 990 or 990-EZ? .	ıgnıfıcant program se	rvices during the yea	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	ng, or make significan	t changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achiev Section 501(c)(3) and 501(c)(4) org allocations to others, the total expen	anizations and section	on 4947(a)(1) trusts	are required to report the a	
4a	(Code) (Expenses s	\$ 1,459,167	ıncludıng grants of \$	1,379,576) (Revenue \$)
	CHILDREN & HEALTH AND HUMAN SERVICE COMMUNITY'S CHILDREN, ADULTS AND SEN HEALTH CARE, AFTER SCHOOL AND MENTO	IORS THIS IS DONE THR	OUGH SUPPORT TO ORGA	ANIZATIONS ADDRESSING HUNGER	
4b	(Code) (Expenses	\$ 1,318,879	ıncludıng grants of \$	1,246,940) (Revenue \$)
	EDUCATION & SCHOLARSHIPS THE COMMUCHILDREN, YOUTH AND ADULTS WE AWAR SCHOOLS, SUPPORT PROGRAMS THAT PROVIDE GENER	D SCHOLARSHIPS FOR ST VIDE EDUCATION TO THOS	UDENTS ATTENDING UNIN SE WHO ARE BLIND AND D	ERSITIES, COMMUNITY COLLEGES	S, AND VOCATIONAL AND TECHNICAL
	(Code) (Expenses s	\$ 487,431	ıncludıng grants of \$	460,844) (Revenue \$)
	ARTS/CIVIC & COMMUNITY BUILDING/CONS VARIETY OF WAYS, INCLUDING LIVE MUSIC FUNDING PROGRAMS FOR YOUTH AND CON LANDS	AL AND THEATER ARTS PE	RFORMANCES, CREATING	PUBLIC SPACES FOR ARTWORK,	PARKS AND TRAILS, BUILDING AND
4d	Other program services (Describe	ın Schedule O)			
	(Expenses \$	including grants of	⁻ \$) (Revenue \$)
4e	Total program service expenses +\$	3,265,47	7		
					Form 990 (2009)

Part TV	Checklist	of Rec	mired	Schedule
4.11.77.4	CHECKHISE	ui ket	ıuncu	Schedule

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section $170(b)(1)(A)(II)^7$ If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

1 01111	990 (2009)			Page -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other T	RS Filinas	and Tax	Compliance
	ota to illoito	itegai airig	,	95	and lax	Compilation

			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes				
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						
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes				
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes				
l a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes				
b	If "Yes," enter the name of the foreign country ▶CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
c	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?						
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νο			
,	Organizations that may receive deductible contributions under section 170(c).	_					
	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		N o			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo			
u	The rest, indicate the number of Forms 8282 med during the year						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo			
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No			
)	Sponsoring organizations maintaining donor advised funds.						
	Did the organization make any taxable distributions under section 4966?	9a		No			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo			
LO	Section 501(c)(7) organizations. Enter						
а	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	-					
l1	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders]					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						

1053 OFFICERS ROW VANCOUVER, WA 98661

(360) 694-2550

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

Se	ction A. Governing Body and Management					
	etton A. Governing Body und Planagement				Yes	No
						110
1a	Enter the number of voting members of the governing body	1a	15			
ь	Enter the number of voting members that are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe			3		No
4	supervision of officers, directors or trustees, or key employees to a management co Did the organization make any significant changes to its organizational documents s		•			
	filed?			4		No
5	Did the organization become aware during the year of a material diversion of the organization		on's assets?	5		No
6	Does the organization have members or stockholders?			6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		r more members of the	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	_		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,				103	
	organization's mailing address? If "Yes," provide the names and addresses in Sched		· · · · ·	9		Νo
Se	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
Re	venue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	•		10a		Νo
b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?					
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form				Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fe	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?		=	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance will describe in Schedule O how this is done			12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revi	iew an	d approval by			
_	independent persons, comparability data, and contemporaneous substantiation of th The organization's CEO, Executive Director, or top management official			15a	Yes	
a				15a 15b	Yes	
D	Other officers or key employees of the organization	•		120	res	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		N o
b	If "Yes," has the organization adopted a written policy or procedure requiring the org	anızat	ion to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?			16b		No
Se	ction 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 Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. A nother's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public See Additional Data					
20	State the name, physical address, and telephone number of the person who possess	es the	books and records of th	ne orga	ınızatıor	n 🕨
	MARY PRINGLE					

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	r, dırector, trustee	or key employee							
(A) Name and Title	(B) Average hours	erage Position (check a ours that apply)				I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week			from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations					
See add'l data										

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1b	Total			18,912
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
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	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection 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			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm 99 0) (2009)

Form 99								Page 9
Part V	/	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
まま	1a	Federated camp	paigns 1a					
ᅙᆵ	ь	Membership du	es 1b					
ું.લ	c	Fundraising eve	ents 1c					
慧志	d	Related organiz	ations 1d					
<u>∞ E</u>	e	Government grants	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and 1f	5,274,186		į		İ
<u>\$</u>	g	Noncash contri	butions included in					
븉귤		lines 1a-1f \$,823,609					
ဝွန်	h	Total. Add lines	s 1a-1f	· · · •	5,274,186			
				Business Code				
Program Service Revenue	2a	SERVICE FEES			37,272	37,272		
Æ	ь							
9	c							
er E	d		_					
ر د	e							
era Era	f	All other progra	ım service revenue					
ک	_	Total Add lines	s 2a-2f	<u> </u>	37,272			
	g 3		ome (including dividen		31,212			
			ar amounts)	· · · · · · · · · · · · · · · · · · ·	540,448		18,951	521,497
	4		tment of tax-exempt bond		0			
	5	Royalties		•	0			
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	13,602,658					
		assets other than inventory						
	ь	Less cost or	11,454,088					
		other basis and sales expenses						
	C	Gain or (loss)	2,148,570					
	d		s)		2,148,570			2,148,570
ф	8a	Gross income fi events (not inc						
Other Revenue		\$						
٠ <u>٠</u>		of contributions See Part IV, lin	reported on line 1c)					
Ϋ́		· · · · · · · · · · · · · · · ·	а					
÷.	ь	Less direct ex	penses b					
ō	С	Net income or (loss) from fundraising	events 🗠	0			
	9a		rom gaming activities					
		See Part IV, lin	a a					
	ь	Less direct ex	penses b					
	c		loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	c		(loss) from sales of inve	entory 📂	О			
		Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		0			
				F .	ŭ			
	12	Total revenue.	See Instructions	· · • • [8,000,476	37,272	18,951	2,670,067

	990 (2009)				Page 10				
Par	Statement of Functional Expenses								
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	ot include amounts reported on lines 6b, b, 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 governments and organizations in the U S See Part IV, line 21	2,694,236	2,694,236						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	202 124	202 124						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	393,124	393,124						
4	Benefits paid to or for members	0		1					
5	Compensation of current officers, directors, trustees, and key employees	188,450	37,690	94,225	56,535				
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							
7	Other salaries and wages	368,413	73,683	184,206	110,524				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	0							
11	Fees for services (non-employees)				_				
а	Management	0							
ь	Legal	0							
c	Accounting	0							
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	0							
g	Other	52,562	10,512	26,281	15,769				
12	Advertising and promotion	0							
13	Office expenses	40,781	8,156	20,391	12,234				
14	Information technology	0							
15	Royalties	0							
16	Occupancy	58,341	11,668	29,171	17,502				
17	Travel	2,866	573	1,433	860				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	12,243	2,449	6,121	3,673				
23	Insurance	12,116	2,423	6,058	3,635				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	TELECOMMUNICATIONS	6,366	1,273	3,183	1,910				
b	Printing and Publications	16,160	3,232	8,080	4,848				
c	OTHER EXPENSE	35,285	7,057	17,643	10,585				
d	EQUIPMENT LEASE & MAINTENANCE	45,794	9,159	22,897	13,738				
е	DEVELOPMENT EXPENSE	44,146	8,829	22,073	13,244				
f	All other expenses	7,065	1,413	3,532	2,120				
25	Total functional expenses. Add lines 1 through 24f	3,977,948	3,265,477	445,294	267,177				
26	Joint costs. Check here ► ☐ If following SOP 98-2								
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								
					000 (2000)				

Pa	rt X	Balance Sheet							
				(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing		34,056	1	37,446			
	2	Savings and temporary cash investments	•	1,548,395	2	1,283,422			
	3	Pledges and grants receivable, net		636,500	3	2,874,365			
	4	Accounts receivable, net			4	233,217			
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	urrent and former officers, directors, trustees, key employees, and ed employees Complete Part II of						
		Schedule L		5	0				
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of							
		Schedule L			6	0			
Assets	7	Notes and loans receivable, net			7	0			
SS	8	Inventories for sale or use			8	0			
⋖	9	Prepaid expenses and deferred charges		17,649	9	8,177			
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	477,058						
	ь	Less accumulated depreciation	10b 67,450	414,765	10c	409,608			
	11	Investments—publicly traded securities		33,008,954	11	26,030,282			
	12	Investments—other securities See Part IV, line 11	1,290,780	12	15,611,077				
	13	Investments—program-related See Part IV, line 11		13	0				
	14	Intangible assets		14	0				
	15	Other assets See Part IV, line 11		6,526,267	15	7,119,313			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	•	43,477,366	16	53,606,907			
	17	Accounts payable and accrued expenses .	20,468	17	44,219				
	18	Grants payable		18	5,000				
	19	Deferred revenue		1,000	19	8,000			
	20	Tax-exempt bond liabilities			20				
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedule	eD		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
Lie		persons Complete Part II of Schedule L			22				
	23	Secured mortgages and notes payable to unrelated third parties			23				
	24	Unsecured notes and loans payable to unrelated third parties .			24				
	25	Other liabilities Complete Part X of Schedule D		3,883,711	25	4,002,357			
	26	Total liabilities. Add lines 17 through 25		3,905,179	26	4,059,576			
Fund Balances		Organizations that follow SFAS 117, check here ► ✓ and complet hrough 29, and lines 33 and 34.	ete lines 27			_			
อกเ	27	Unrestricted net assets		35,412,838	27	42,730,630			
69	28	Temporarily restricted net assets		4,159,349	28	6,816,701			
Z	29	Permanently restricted net assets			29				
표		Organizations that do not follow SFAS 117, check here ▶ ┌ and	d complete						
- 		lines 30 through 34.							
	30	Capital stock or trust principal, or current funds			30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31				
	32	Retained earnings, endowment, accumulated income, or other fu	nds		32				
Net	33	Total net assets or fund balances		39,572,187	33	49,547,331			
_	34	Total liabilities and net assets/fund balances		43,477,366	34	53,606,907			

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Both consolidated and separated basis			
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?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		No

Form **990** (2009)

Employer identification number

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

- Attachto Form 550 of Form 55

The Community Foundation for Southwest Washington

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

	LG T			DIIC Charity Stat						structions			
	organı —		•	e foundation because	•			•) x				
1	<u> </u>		*	on of churches, or as:			•)(1)(A)(I).					
2 3	<u>'</u>			n section 170(b)(1) perative hospital serv				n 170/h\/1\	/ A \ / iii \				
4	<u>'</u> _			organization operate						\/ A \/ iii\ E ₂	ater the		
•	'			ty, and state	ea iii conjunc	cion with a	nospital des	ciibeu iii sec		.)(A)(III). L1	iter the		
5	Г	An orga	nızatıon ope	erated for the benefit	of a college	or universi	ty owned or o	perated by a	a governmenta	al unit descr	 ibed in		
		section 170(b)(1)(A)(iv). (Complete Part II)											
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Γ	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	굣			described in section		.)(vi) (Cor	mplete Part II	·)					
9	, T			t normally receives					outions, memb	ership fees	. and aross		
	,			ities related to its ex									
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busine	ss taxable ın	come (less :	section 511 t	ax) from bus	inesses		
		acquire	d by the org	anızatıon after June 3	30,1975 Se	ee sect ion !	509(a)(2). (C	omplete Par	tIII)				
10	\sqcap	Anorga	nızatıon org	anızed and operated	exclusively	to test for	public safety	Seesection	509(a)(4).				
11	Γ	_	_	anized and operated	•					•			
		the box	•	y supported organıza bes the type of suppo b Type II	orting organi	zation and		s 11e throu	gh 11h	_	19(a)(3). Check III - Other		
e	\sqcap	By chec	king this bo	ox, I certify that the c						ore disqualit	fied persons		
				on managers and oth	er than one o	or more pul	olicly support	ed organızat	ions describe	d ın section	509(a)(1) or		
f			509(a)(2) rganization i	received a written de	termination (from the IR	Sthatitisa	Type I. Type	e II or Type I'	II supportin	a organization.		
-		check t	hıs box								, <u>.</u>		
g				006, has the organiz	zation accept	ted any gıft	or contributi	on from any	of the				
			g persons? rson who dır	ectly or indirectly co	ntrols, eithe	r alone or t	ogether with	persons des	cribed in (ii)		Yes No		
				governing body of the	•		-	F	(,	11g(
				r of a person describ						11g(i	-		
		(iii) a 3	5% controll	led entity of a person	described in	n (ı) or (ıı) a	above?			11g(i			
h		Provide	the followin	ig information about t	the supporte	d organızat	ion(s)						
	(i) Name suppo rganiz	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Irning	Did you n organiza col (i) c supp	otify the ation in of your	(vi Is the organization or	ne tion in ganized	(vii) A mount of support?		
				(see instructions))	Yes	No	Yes	No	Yes	No			
						1							
	•					1							
Tota	11		i	1	I	1	1	1	1	1	1		

Part II Support Schedule for Organizations Described in IRC 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.)

-	ection A. Public Support	ou checked the	box on line 5, .	, or 8 or Part I	.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	· .	10,496,96	7 8,167,072	7,991,308	5,997,424	5	5,274,186	37,926,957
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							0
	to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	10,496,96	7 8,167,072	7,991,308	5,997,424	5	5,274,186	37,926,957
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							8,234,731
6	Public Support. Subtract line 5 from line 4							29,692,226
S	ection B. Total Support			l l	I			
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	0.09	(f) Total
_	beginning in)	10,496,967	807,104	7,991,308	5,997,424		,274,186	37,926,957
7 8	A mounts from line 4 Gross income from interest,	10,430,307	007,104	7,551,500	3,331,424	<u></u>	,274,100	31,520,531
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	665,660	807,104	713,469	1,004,122	2	,689,018	5,879,373
9	Net income from unrelated business activities, whether or not the business is regularly carried on	19,274	16,332	23,021	-57,177		18,951	20,401
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	549						549
11	Total support (Add lines 7 through 10)							43,827,280
12	Gross receipts from related activiti					12		1,430,736
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul		·	, thırd, fourth, or fı	fth tax year as a !	501(c)(3	;) organız ———	ation,
<u> </u>	Public Support Percentage for 200			11 column (f))		14		67 750 %
15	Public Support Percentage for 2008	•				15		69 300 %
	33 1/3% support test—2009. If the			on line 13 and li	ine 14 is 33 1/30%		check +i	
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization med	alifies as a public organization did n qualifies as a p — 2009. If the org tion meets the "1	ly supported orga not check the box ublicly supported anization did not o facts and circums	nization k on line 13 or 16 organization :heck a box on lin :ances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b k this box and st	33 1/3% and line	or more, o e 14 Explain	check this
	organization	2000 75::			45.45.15.			► □
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nızatıon meets th	e "facts and circu	mstances" test, c	heck this box and	stop he	ere.	▶ ┌
18	Private Foundation If the organizatinstructions	ion did not check	c a box on line 13,	16a, 16b, 17a or	17b, check this l	box and	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 91-1246778

Name: The Community Foundation for Southwest Washington

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		(C tion (hat a	che		_		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
VAUGHN LEIN Director	2 00	Х						0	0	0
SUSAN KEIL DIRECTOR	2 00	X						0	0	0
STEVEN HIX Director	2 00	X						0	0	0
SCOTT SOUTH Director	2 00	X						0	0	0
SCOTT KEENEY Director	2 00	X						0	0	0
RICK WOLLENBERG Director	2 00	X						0	0	0
RICHARD MELCHING President	32 00			Х	Х			106,117	0	4,245
MARY PRINGLE CFO	40 00			Х	Х			82,333	0	14,667
KAYCEE WIITA Director	2 00	X						0	0	0
JO MARIE HANSEN Secretary	2 00	X						0	0	0
GREG KUBICEK Director	2 00	X						0	0	0
GREG GOODWIN VICE CHAIR	2 00	X						0	0	0
DR JIM YOUDE TREASURER	2 00	X						0	0	0
DR CANDACE YOUNG Director	2 00	X						0	0	0
DAVID NIERENBERG CHAIR	2 00	X						0	0	0
BRETT BRYANT Director	2 00	X						0	0	0
BOB LEWIS DIRECTOR	2 00	Х						0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TELECOMMUNICATIONS	6,366	1,273	3,183	1,910
Printing and Publications	16,160	3,232	8,080	4,848
OTHER EXPENSE	35,285	7,057	17,643	10,585
EQUIPMENT LEASE & MAINTENANCE	45,794	9,159	22,897	13,738
DEVELOPMENT EXPENSE	44,146	8,829	22,073	13,244

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493316038280

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

The Community Foundation for Southwest Washington 91-1246778 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 81 161 1,017,289 4,256,897 Aggregate contributions to (during year) 2,414,186 673,174 3 Aggregate grants from (during year) Aggregate value at end of year 13,505,500 37,339,317 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **-**__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ __ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

3	Using the organization's accession and othe										.ontinueu j
-	items (check all that apply)		а	г	Loan	oravch	ange prog	rame			
a	Public exhibition		u	<u>'</u> _			ange prog	allis			
Ь	Scholarly research		е	ı	Other	•					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	er the or	ganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ular	┌ Yes	Г No
Pai	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions oi	r other ass	ets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng t	able		Γ		Ar	nount	
c	Beginning balance						-	1c			
d	Additions during the year						<u> </u>	1d			
e	Distributions during the year						}	1e			
f	·						}	1f			
· -	Ending balance						L	11		┌ Yes	
2a 	Did the organization include an amount on Fo		ie ZI /							, res	j 140
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete		n ans	.wer	ad "Va	s" to F	orm gan	Dar	t IV line 10		
ı C	Endowment i unus. Complete	(a)Current Year)Prior			Years Back		Three Years Back	(e)Four	Years Back
la	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment	%									
ь	Permanent endowment > %										
c	Term endowment ► %										
3a	Are there endowment funds not in the posse:	ssion of the organiz	ation	thata	are held	d and ad	lmınıstere	d for	the		
	organization by	J								Yes	No
	(i) unrelated organizations							•	3a	· · ·	<u> </u>
_	(ii) related organizations							•	3a		
	If "Yes" to 3a(II), are the related organizatio							•	3	b	
4 Doc	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings					00 Do	rt V Juno	10			
Pal	t VI Investments—Land, Buildings	s, and Equipme	:111. 5			•			(2) A 22	_	
	Description of investment) Cost o sıs (ınve	stment)	(b)Cost or basis (oth		(c) Accumulate depreciation	a (d) E	look value
1a	Land		•	\perp		395,500					395,500
b	Buildings		•								
c	Leasehold improvements										
d	Equipment		•	L							
	Other							,558	67,4	50	14,108
Cota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990 Part X colu	mn (B)	\ /	4 - ())						409,608

Part VIII Investments—Other Securities. See F	-orm 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation f-year market value
Financial derivatives			,
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	15,611,077		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		Cost or end-or	- year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Total. (Column (b) should equal Form 990, Falt X, col (b) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
Part IX Other Assets. See Form 990, Part X, lin (a) Description			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Description			(b) Book value 43,029
Part IX Other Assets. See Form 990, Part X, lin (a) Description			
Part IX Other Assets. See Form 990, Part X, lin (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS			43,029
Part IX Other Assets. See Form 990, Part X, lin (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS			43,029 232,815
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS			43,029 232,815 5,581,708
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS			43,029 232,815 5,581,708
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS			43,029 232,815 5,581,708
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS			43,029 232,815 5,581,708
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS			43,029 232,815 5,581,708
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS			43,029 232,815 5,581,708
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS			43,029 232,815 5,581,708
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS			43,029 232,815 5,581,708
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS			43,029 232,815 5,581,708
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS			43,029 232,815 5,581,708
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES	tion		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, lin (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)		43,029 232,815 5,581,708
Part IX Other Assets. See Form 990, Part X, lin (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X	5.)		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, lin (a) Description LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, lin (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, lin (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.) , line 25. (b) A mount		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, lin (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.)		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, lin (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.) , line 25. (b) A mount		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, lin (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) , line 25. (b) A mount		43,029 232,815 5,581,708 1,236,761
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Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.) , line 25. (b) A mount		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.) , line 25. (b) A mount		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.) , line 25. (b) A mount		43,029 232,815 5,581,708 1,236,761
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Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.) , line 25. (b) A mount		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.) , line 25. (b) A mount		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, lin (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.) , line 25. (b) A mount	, , , , , , , , , , , , , , , , , , ,	43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.) , line 25. (b) A mount		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, lin (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.) , line 25. (b) A mount		43,029 232,815 5,581,708 1,236,761
Part IX Other Assets. See Form 990, Part X, Im (a) Descript LIFE INSURANCE POLICY BENEFICIAL INTEREST IN REMAINDER TRUSTS ASSETS HELD IN CHARITABLE TRUSTS ASSETS HELD IN CHARITABLE GIFT ANNUITIES Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes LIAB FOR SPLIT INTRST AGMNTS	5.) , line 25. (b) A mount		43,029 232,815 5,581,708 1,236,761

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	113	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,000,476
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,977,948
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,022,528
4	Net unrealized gains (losses) on investments	4	5,610,953
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	321,426
9	Total adjustments (net) Add lines 4 - 8	9	5,932,379
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,954,907
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	13,932,855
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 321,426		
e	Add lines 2a through 2d	2e	5,932,379
3	Subtract line 2e from line 1	3	8,000,476
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,000,476
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	3,977,948
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,977,948
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,977,948

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
,	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	CHANGES IN TRUSTS, ANNUITIES, L-T CONTR \$321426
•	Net Assets or Fund Balances	CHANGES IN THE VALUE OF TRUSTS, ANNUITIES, L-T CONTR \$321426 CHANGES IN THE VALUE OF TRUSTS, ANNUITIES, L-T CONTR \$ -0

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Department of the Treasury

Schedule I

(Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990 Inspection

Internal Revenue Service Name of the organization

The Community Foundation for

Southwest Washington

91-1246778

Employer identification number

Pariet General Information on Grants and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
the selection criteria used to award the grants or assistance?

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE ATTACHED			2,631,877	0			

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

Cat No 50055P

Schedule I (Form 990) 2009

Part IV

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SEE SCHEDULE ATTACHED		393,124			
See Additional Data Table					

 Identifier
 Return Reference
 Explanation

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

 Image: Control of the program
Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization The Community Foundation for Southwest Washington

SCHEDULE M

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

91-1246778

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Methor Form 990, Part VIII, line 1g) etermi ues	nıng	
1	Art—Works of art	аррпсавіе		<u> </u>				
	Art—Historical treasures .							
4	Books and publications							
	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	4	1,673,947	MARKET VALUE			
10	Securities—Closely held stock $\ .$	Х	1	475,020	MARKET VALUE			
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other	X	1	674,642	MARKET VALUE			
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ▶()							
27	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29		N	
302	During the year, did the organiza	tion receiv	e hy contribution any prope	rty reported in Part I lines	1-28 that it		Yes	No
50 4	must hold for at least three year							
	for exempt purposes for the entire			on, and which is not require	a to be used			No
						30a		No_
ъ 31	If "Yes," describe the arrangement of the organization have a gif			eview of any non-standard	contributions?	31	Yes	
		•		·				
32a	Does the organization hire or use contributions?	e third parti	es or related organizations		ion-casn	32a		Νο
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

DLN: 93493316038280

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization The Community Foundation for Southwest Washington Employer identification number

91-1246778

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE COMMUNITY FOUNDATION PROVIDES OUR 501(C)(3) DETERMINATION LETTER ON OUR WEB SITE AND UPON REQUEST IN ADDITION, OUR AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE PRIOR THREE YEARS ARE AVAILABLE ON OUR WEB SITE AND UPON REQUEST GUIDESTAR, A NONPROFIT ORGANIZATION, MAKES AVAILABLE THE LAST THREE YEARS OF OUR FORM 990 ON THEIR WEB SITE
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and 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 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	BOARD MEMBERS ARE ASKED TO DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST PRIOR TO BEGINNING OF THEIR BOARD TERM IN ADDITION, THE POLICY IS REVIEWED ANNUALLY BY THE BOARD
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493316038280

2009

Open to Public

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Name of the organization The Community Foundation for Southwest 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.)

Name, address, and EIN 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

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

Public charity status (if section 501(c)(3))

Direct controlling entity

SUPPORTING ORG OF THE COMMUNITY FOUND

1053 OFFICERS ROW

VANCOUVER, WA 98661 91-6558976 TO SUPPORT COMMUNITY FOUNDATION FOR SW WASH

WA

501(C)(3)

COMMUNITY FOUNDATION EXEMPT FOR SW WASHINGTON

(j)

General or

managing

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)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(4)

(5)

(6)

CHE	udle K (Form 990) 2009		Pa	ge .
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		Ž
c	Gift, grant, or capital contribution from other organization(s)	1c		Ž
d	Loans or loan guarantees to or for other organization(s)	1d		Ż
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1 f		N
g	Purchase of assets from other organization(s)	1g		Ż
h	Exchange of assets	1h		Z
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		Ž
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n		N
0	Reimbursement paid to other organization for expenses	10		N
p	Reimbursement paid by other organization for expenses	1 p		N
q	Other transfer of cash or property to other organization(s)	1q		N
r	O ther transfer of cash or property from other organization(s)	1r		N
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 other organization (b) Transaction type(a-r)		(c) t involve	ed
1) 2)				
• `				
3)				

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)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

The Community Foundation for Southwest Washington FEIN 93-1246778				
Form 990-2009				
Schedule I, Part II Grants and Other Assistance to Governments and Organizations in the United State				
a	b	C	d	h
Organization Name and Address	EIN			Purpose of Grant or Assistance
Affordable Community Environments,P O Box 61446 Vancouver, WA 98666	91-1898061			Resident Services Program
American Friends of IDC,Attn Feliciz Steingard 104 5th Avenue, 14th Floor New York, NY 1001	31-1577589			Shlomo Argov Fellowship
Arthur D Curtis Children's Justice Center,PO Box 61992 Vancouver, WA 98666	91-6001299			Child Abuse Prevention Awareness Program
Battle Ground School District,PO Box 200 Battle Ground, WA 98606	91-6010122			CASEE projects, BGHS Horticultural pgm, BGHS Greenhouse
Big Brothers Big Sisters Columbia Northwest, 1827 NE 44th Avenue, Suite 100 Portland, OR 9721	93-1303640			Unrestricted
Big Brothers Big Sisters Columbia Northwest, 1827 NE 44th Avenue, Suite 100 Portland, OR 9721	93-1303640			Unrestricted
Big Brothers Big Sisters Columbia Northwest, 1827 NE 44th Avenue, Suite 100 Portland, OR 9721	93-1303640			Project Hope for foster children ages 6-18
Boys & Girls Clubs of Southwest Washington,409 NE Anderson Road Vancouver, WA 9866	91-1978646			Equip & appliances/instructional kitchens @ Parsley Cente
Boys & Gırls Clubs of Southwest Washington,409 NE Anderson Road Vancouver, WA 98665	91-1978646			Designated for Annual Evening Eveni
Boys & Girls Clubs of Southwest Washington,409 NE Anderson Road Vancouver, WA 98668	91-1978646			Smart Board
Boys & Girls Clubs of Southwest Washington, 409 NE Anderson Road Vancouver, WA 98665	91-1978646			Unrestricted
Boys & Girls Clubs of Southwest Washington, 409 NE Anderson Road Vancouver, WA 98665	91-1978646			Capital Campaign - Jim Parsley Centei
Boys & Girls Clubs of Southwest Washington, 409 NE Anderson Road Vancouver, WA 98665	91-1978646			Unrestricted
Boys & Girls Clubs of Southwest Washington, 409 NE Anderson Road Vancouver, WA 98665	91-1978646			Unrestricted
Boys & Girls Clubs of Southwest Washington, 409 NE Anderson Road Vancouver, WA 98665	91-1978646			Unrestricted
Boys & Girls Clubs of Southwest Washington,409 NE Anderson Road Vancouver, WA 98668	91-1978646			Unrestricted
Boys & Girls Clubs of Southwest Washington,409 NE Anderson Road Vancouver, WA 98665	91-1978646			Unrestricted
Boys & Girls Clubs of Southwest Washington, 409 NE Anderson Road Vancouver, WA 98665	91-1978646			Unrestricted
Bravol Vancouver,PO Box 118 Vancouver, WA 98666	91-1944790			Unrestricted
Cascades Presbyterian Church of Vancouver,PO Box 820189 Vancouver, WA 98682	91-1041851			Building Fund
Cascades Presbyterian Church of Vancouver, PO Box 820189 Vancouver, WA 98682	91-1041851			Building Fund
Catholic Community Services, 100 23rd Avenue South Seattle, WA 98144	91-1585652			Unrestricted
CDM Services, 11818 SE Mill Plain Blvd Suite 415 Vancouver, WA 98685	91-1057994			Adult Day Services Center Facility upgrades
Children's Center,415 W 11th Street PO Box 484 Vancouver, WA 98666	91-1459420			Unrestricted
Children's Center,415 W 11th Street PO Box 484 Vancouver, WA 98666	91-1459420			Underwriting for 2009 spring luncheon
Children's Center, 415 W 11th Street PO Box 484 Vancouver, WA 98666	91-1459420			Unrestricted
Children's Center,415 W 11th Street PO Box 484 Vancouver, WA 98666	91-1459420			Unrestricted
Children's Center, 415 W 11th Street PO Box 484 Vancouver, WA 98666	91-1459420			Facility renovations
Children's Center, 415 W 11th Street PO Box 484 Vancouver, WA 98666	91-1459420	. , , ,		Spring Lunch Paddle Racing Match
Children's Hospital Foundation, PO Box C 50020/S-200 Seattle, WA 98145	91-1156519			Unrestricted
Clark County Food Bank,7509 NE 47th Avenue Vancouver, WA 98661	91-1307564			Unrestricted
Clark County Food Bank,7509 NE 47th Avenue Vancouver, WA 98661	91-1307564			Unrestricted
Clark County Food Bank,7509 NE 47th Avenue Vancouver, WA 98661	91-1307564			Unrestricted
Clark County Food Bank,7509 NE 47th Avenue Vancouver, WA 98661	91-1307564			Unrestricted
Clark County Food Bank,7509 NE 47th Avenue Vancouver, WA 98661	91-1307564			Unrestricted
Clark County Food Bank,7509 NE 47th Avenue Vancouver, WA 98661	91-1307564			Resource Development Plan Implementation
Clark County Safe Kids, PO Box 1995 Vancouver, WA 98668 Clark County Skills Center Foundation, 12200 NE 28th Street Vancouver, WA 9868;	91-1530644			Car Seats Save Lives Program Unrestricted
Clark County Skills Center Foundation, 12200 NE 28th Street Vancouver, WA 9868.	91-1530644			Unrestricted
Clark County Skills Center Foundation, 12200 NE 28th Street Vancouver, WA 98682	91-1530644			Unrestricted
Clark County Skills Center Foundation, 12200 NE 28th Street Vancouver, WA 98682	91-1530644			Unrestricted
Colonial Williamsburg Foundation, PO Box 1776 Williamsburg, VA 23187	54-0505888			Unrestricted
Columbia Land Trust,1351 Officers Row Vancouver, WA 98661	94-3140861			Unrestricted
Columbia Land Trust, 1351 Officers Row Vancouver, WA 98661	94-3140861			Unrestricted
Columbia Land Trust, 1351 Officers Row Varicouver, WA 98661	94-3140861			Unrestricted
Columbia Land Trust, 1351 Officers Row Vancouver, WA 36661	94-3140861			Unrestricted
Columbia Land Trust, 1351 Officers Row Vancouver, WA 98661	94-3140861			Unrestricted
Columbia Land Trust, 1351 Officers Row Vancouver, WA 38661	94-3140861			Unrestricted
Columbia Pastoral Counseling Center.426 E Fourth Plain #11 Vancouver, WA 9866	91-1195399			Unrestricted
Columbia Pastoral Counseling Center,426 E Fourth Plain #11 Vancouver, WA 9866	91-1195399			Unrestricted
Columbia Pastoral Counseling Center,426 E Fourth Plain #11 Vancouver, WA 9866	91-1195399			Unrestricted
Columbia Pastoral Counseling Center, 426 E Fourth Plain # 11 Vancouver, WA 9866	91-1195399			Unrestricted
Columbia Springs, 12208 SE Evergreen Hwy Vancouver, WA 98683	91-2127406			Unrestricted
Columbia Opinigo, 12200 OL Evergreen i ivvy Vanicouver, VVA 00000	101-2121400	1001101101	5,000	Omeostroca

The Community Foundation for Southwest Washington FEIN 93-1246778				
Form 990-2009				
Schedule I, Part II Grants and Other Assistance to Governments and Organizations in the United State				
a	b	C	d	<u>h</u>
Organization Name and Address	EIN			Purpose of Grant or Assistance
Columbia Theatre for the Performing Arts, PO Box 1026 Longview, WA 98632-7615	91-1186556			Unrestricted
Columbia Theatre for the Performing Arts, PO Box 1026 Longview, WA 98632-7615	91-1186556			Student Adventure Series and Summer Theatre Camp
Columbia Theatre for the Performing Arts, PO Box 1026 Longview, WA 98632-7615	91-1186556			Capital Campaign
Community Conversations		501(c)(3)		Unrestricted
Community Conversations	04.0007400	501(c)(3)		Unrestricted
Community House on Broadway, PO Box 403 Longview, WA 98632	94-3067129			Unrestricted
Congregation Beth Israel, 1972 NW Flanders Street Portland, OR 97208	93-0386818			Harold & Lillian Newman Classroom
Congregation Kol Ami, 1006 - B NE 146th St. Vancouver, WA 98685-1411	91-1487789			Unrestricted Unrestricted
Connecticut College,Becker House 270 Mohegan Avenue New London, CT 06320-4196 Council for the Homeless,2500 Main Street Vancouver, WA 98660	06-0646587 91-2001828			Unrestricted
Council for the Homeless,2500 Main Street Vancouver, WA 98660	91-2001828			Winter Hospitality Overflow Program at St. Andrews
Deaf Education Advocates Foundation, PO Box 2561 Vancouver, WA 9868-2561				Independent Living Skills & Work Experience program
Educational Service District # 112,2500 NE 65th Avenue Vancouver, WA 98661	94-1458851 91-0847188			Unrestricted
Evergreen Freedom Foundation,PO Box 552 Olympia, WA 98507-0552	94-3136961			Unrestricted
Evergreen Freedom Foundation, PO Box 552 Olympia, WA 96507-0552	94-3136961			Unrestricted
Evergreen Habitat for Humanity,521 E 33rd Street Vancouver, WA 98660	91-1557462			Unrestricted
Evergreen Habitat for Humanity, 521 E 33rd Street Vancouver, WA 30000	91-1557462			VISTA Volunteer Coordinator, software & materials
Evergreen Habitat for Humanity, 521 E 33rd Street Vancouver, WA 98660	91-1557462			Unrestricted
Evergreen Habitat for Humanity,521 E 33rd Street Vancouver, WA 98660	91-1557462			Unrestricted
Feral Cat Coalition of Oregon, PO Box 82734 Portland, OR 97282	93-1168181	501(0)(3)		Unrestricted
Feral Cat Coalition of Oregon, PO Box 82734 Fortland, OR 97282	93-1168181			Unrestricted
Fort Vancouver National Trust, 750 Anderson Street Vancouver, WA 98661	91-1937645			Unrestricted
Fort Vancouver National Trust, 750 Anderson Street Vancouver, WA 98661	91-1937645			Unrestricted
Fort Vancouver National Trust,750 Anderson Street Vancouver, WA 98661	91-1937645			Unrestricted
Fort Vancouver National Trust,750 Anderson Street Vancouver, WA 98661	91-1937645			Unrestricted
Fort Vancouver National Trust,750 Anderson Street Vancouver, WA 98661	91-1937645			Unrestricted
Fort Vancouver National Trust,750 Anderson Street Vancouver, WA 98661	91-1937645			Unrestricted
Fort Vancouver Regional Library Foundation,PO Box 2384 Vancouver, WA 98668	91-1456753			Unrestricted
Fort Vancouver Regional Library Foundation,PO Box 2384 Vancouver, WA 98668	91-1456753		2,200	Automated External Defibrillator
Fort Vancouver Regional Library Foundation, PO Box 2384 Vancouver, WA 98668	91-1456753	501(c)(3)	500	Unrestricted
Fort Vancouver Regional Library Foundation, PO Box 2384 Vancouver, WA 98668	91-1456753	501(c)(3)	5,000	Unrestricted
Fort Vancouver Seafarers Center,PO Box 1102 Vancouver, WA 98666-1102	91-6068346	501(c)(3)	5,000	Unrestricted
Fort Vancouver Seafarers Center,PO Box 1102 Vancouver, WA 98666-1102	91-6068346	501(c)(3)	5,000	Unrestricted
Fort Vancouver Seafarers Center,PO Box 1102 Vancouver, WA 98666-1102	91-6068346	501(c)(3)	500	Unrestricted
Fort Vancouver Seafarers Center,PO Box 1102 Vancouver, WA 98666-1102	91-6068346	501(c)(3)	5,000	Unrestricted
Fort Vancouver Seafarers Center,PO Box 1102 Vancouver, WA 98666-1102	91-6068346	501(c)(3)		Unrestricted
Fort Vancouver Seafarers Center,PO Box 1102 Vancouver, WA 98666-1102	91-6068346			Unrestricted
Fred Hutchinson Cancer Research Center, PO Box 19023 Seattle, WA 98109-1020	23-7156071	501(c)(3)		Unrestricted
Free Clinic of Southwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542			Unrestricted
Free Clinic of Southwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542			Unrestricted
Free Clinic of Southwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542			Unrestricted
Free Clinic of Southwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542			Unrestricted
Free Clinic of Southwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542			Computer equipment
Free Clinic of Southwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542			\$8,150 - Vision Program Expansion, \$4,850 Unrestricted
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-1707542			Unrestricted
Free Clinic of Southwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542			Unrestricted
Free Clinic of Southwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542			Unrestricted
Free Clinic of Southwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542			Medical Programs
Free Clinic of Southwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542			Unrestricted
Free Clinic of Southwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542			Dental Program
Friends of the Arts,PO Box 184 Vancouver, WA 98666	91-1687776			Unrestricted
Friends of the Arts,PO Box 184 Vancouver, WA 98666	91-1687776			Unrestricted
Friends of the Arts,PO Box 184 Vancouver, WA 98666	91-1687776	501(c)(3)	3,500	Unrestricted

The Community Foundation for Southwest Washington FEIN 93-1246778			
Form 990-2009	+		
Schedule I, Part II Grants and Other Assistance to Governments and Organizations in the United State	+		
	+		
	+		
a	ь	С	d h
Organization Name and Address	EIN	IRC Code	Cash Grant Purpose of Grant or Assistance
Friends of the Arts,PO Box 184 Vancouver, WA 98666	91-1687776	501(c)(3)	5,000 Unrestricted
Friends of the Arts, PO Box 184 Vancouver, WA 98666	91-1687776		
Friends of the Arts PO Box 184 Vancouver, WA 98666	91-1687776		
Friends of the Arts, PO Box 184 Vancouver, WA 98666	91-1687776		
Friends of the Ridgefield National Wildlife Refuge, PO Box 1022 Ridgefield, WA 98642	91-2018749		
Friends of the Ridgefield National Wildlife Refuge, PO Box 1022 Ridgefield, WA 98642	91-2018749		
Habitat International, Major Gift Department 121 Habitat Street Americus, GA 31709-998	91-1914868		
Highland Lutheran Church, 38809 NE 41st Ave La Center, WA 98625	91-1042289		
Hough Foundation,1111 Main Street, Ste 700 Vancouver, WA 98660	94-3160811		
Hough Foundation,1111 Main Street, Ste 700 Vancouver, WA 98660	94-3160811		
Hough Foundation,1111 Main Street, Ste 700 Vancouver, WA 98660	94-3160811		
Hough Foundation,1111 Main Street, Ste 700 Vancouver, WA 98660	94-3160811	501(c)(3)	18,000 Unrestricted
Hough Foundation, 1111 Main Street, Ste 700 Vancouver, WA 98660	94-3160811		
Hough Foundation,1111 Main Street, Ste 700 Vancouver, WA 98660	94-3160811		
Hough Foundation,1111 Main Street, Ste 700 Vancouver, WA 98660	94-3160811	501(c)(3)	18,000 Unrestricted
Hough Foundation, 1111 Main Street, Ste 700 Vancouver, WA 98660	94-3160811	501(c)(3)	7,500 Family Services Coordinator Positon @ Hough Elementary
Hough Foundation, 1111 Main Street, Ste 700 Vancouver, WA 98660	94-3160811	501(c)(3)	18,000 Unrestricted
Hough Foundation,1111 Main Street, Ste 700 Vancouver, WA 98660	94-3160811	501(c)(3)	15,000 Unrestricted
Hough Foundation,1111 Main Street, Ste 700 Vancouver, WA 98660	94-3160811	501(c)(3)	18,000 Unrestricted
Humane Society for Southwest Washington,1100 NE 192nd Avenue Vancouver, WA 98684	91-1659124	501(c)(3)	7,429 Unrestricted
Humane Society for Southwest Washington,1100 NE 192nd Avenue Vancouver, WA 98684	91-1659124		
Humane Society for Southwest Washington,1100 NE 192nd Avenue Vancouver, WA 98684	91-1659124		
Humane Society for Southwest Washington,1100 NE 192nd Avenue Vancouver, WA 98684	91-1659124		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
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I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington,1053 Officers Row Vancouver, WA 98661 I Have a Dream for Southwest Washington,1053 Officers Row Vancouver, WA 98661	91-1692169 91-1692169		
Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
I Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
l Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
l Have a Dream for Southwest Washington, 1053 Officers Row Vancouver, WA 98661	91-1692169		
Identity Clark County,703 Broadway, Suite 610 Vancouver, WA 98660	91-1692169	501(c)(3)	1,000 Unrestricted

The Community Foundation for Southwest Washington FEIN 93-1246778	$\overline{}$		
Form 990-2009			
Schedule I, Part II Grants and Other Assistance to Governments and Organizations in the United State			
·			
a	b	С	d h
Organization Name and Address	EIN	IRC Code	Cash Grant Purpose of Grant or Assistance
Identity Clark County,703 Broadway, Suite 610 Vancouver, WA 98660	91-1692169	501(c)(3)	6,250 Unrestricted
Innovative Services NW,9414 NE Fourth Plain Rd Vancouver, WA 98662	91-0782136	501(c)(3)	5,000 Unrestricted
KBVM Broadcasting,PO Box 5888 Portland, OR 97228	93-0838318	501(c)(3)	5,000 Catholic Broadcasting Northwest
La Center Centennial Committee, 2109 NW 6th Avenue Battle Ground, WA 98604	91-6018167	501(c)(3)	8,000 1909-2009 La Center Centennial Celebration
La Center Education Foundation,PO Box 761 La Center, WA 98629	20-2490830	501(c)(3)	20,338 Portable Bleachers Project
La Center High School #120,PO Box 1780 La Center, WA 98629	91-6001590	501(c)(3)	
La Center High School #120,PO Box 1780 La Center, WA 98629	91-6001590	501(c)(3)	65 Unrestricted
La Center High School #120,PO Box 1780 La Center, WA 98629	91-6001590	501(c)(3)	1,000 Senior Breakfast for 2009 Graduates
La Center High School #120,PO Box 1780 La Center, WA 98629	91-6001590	501(c)(3)	5,100 3 LCD Screens
La Center School District,PO Box 1840 La Center, WA 98629	91-6001590	501(c)(3)	10,000 Cispus Outdoor School for 6th Graders
La Salle Catholic College Preparatory, 11999 SE Fuller Road Milwaukie, OR 9722	93-0553268		
Life Works,906 New York St Longview, WA 98632-4132	91-1224762		
Life Works,906 New York St Longview, WA 98632-4132	91-1224762	501(c)(3)	
Loaves and Fishes Centers, Inc ,PO Box 19477 Portland, OR 9728(93-0584318		
Loaves and Fishes Centers, Inc.,PO Box 19477 Portland, OR 97280	93-0584318	501(c)(3)	
Loaves and Fishes Centers, Inc ,PO Box 19477 Portland, OR 97280	93-0584318		
Loaves and Fishes Centers, Inc.,PO Box 19477 Portland, OR 97280	93-0584318	501(c)(3)	15,000 Clark County Seniors/Meals-On-Wheels program
Loaves and Fishes Centers, Inc ,PO Box 19477 Portland, OR 97280	93-0584318	501(c)(3)	2,000 Unrestricted
Loaves and Fishes Centers, Inc.,PO Box 19477 Portland, OR 97280	93-0584318	501(c)(3)	1,000 Unrestricted
Loaves and Fishes Centers, Inc.,PO Box 19477 Portland, OR 97280	93-0584318	501(c)(3)	25,000 Unrestricted
Lower Columbia CAP Foundation, 1526 Commerce Ave Longview, WA 98632	20-1539174		
Maryvale Preparatory School,11300 Falls Road Brooklandville, MD 21022	52-1160935	501(c)(3)	
Medical Teams International, PO Box 10 Portland, OR 97207-001(93-0878944		
Medical Teams International, PO Box 10 Portland, OR 97207-001(93-0878944	501(c)(3)	5,000 Woodland Partners in Hope
Medical Teams International, PO Box 10 Portland, OR 97207-001(93-0878944	501(c)(3)	5,000 Response to Woodland Dinner Event
Mercy Corps,45 SW Ankeny Street Portland, OR 97204	91-1148123		
Mercy Corps,45 SW Ankeny Street Portland, OR 97204	91-1148123		
Mercy Corps,45 SW Ankeny Street Portland, OR 97204	91-1148123		
Mercy Corps,45 SW Ankeny Street Portland, OR 97204	91-1148123		
Mercy Corps,45 SW Ankeny Street Portland, OR 97204	91-1148123		
Mid-Valley Columbia Health Foundation,1700 NE 19th Street The Dalles, OR 9705:	93-0854433		
Morris Animal Foundation,10200 E Girard Ave #B430 Denver, CO 80231-9886	84-6032307		
Museum at Warm Springs, PO Box 909 Warm Springs, OR 97761	93-0639711		
National Audubon Society, Department W 700 Broadway New York, NY 10000	13-1624102		
National Wildlife Federation, 11100 Wildlife Center Drive Reston, VA 2019C	53-0204616		
Northwest Harvest,PO Box 12272 Seattle, WA 98102	91-0826037		
Northwest Harvest South,PO Box 2131 Vancouver, WA 98668	91-1242103		
Open House Ministries,PO Box 242 Vancouver, WA 98666-0242	94-3028685	501(c)(3)	3,800 Unrestricted
Open House Ministries,PO Box 242 Vancouver, WA 98666-0242	94-3028685		
Open House Ministries,PO Box 242 Vancouver, WA 98666-0242	94-3028685		
Open House Ministries,PO Box 242 Vancouver, WA 98666-0242	94-3028685		
Open House Ministries,PO Box 242 Vancouver, WA 98666-0242	94-3028685		
Open House Ministries,PO Box 242 Vancouver, WA 98666-0242	94-3028685		
Open House Ministries, PO Box 242 Vancouver, WA 98666-0242	94-3028685		
Open House Ministries, PO Box 242 Vancouver, WA 98666-0242	94-3028685		
Options 360 Pregnancy Clinic, 1706 W Main Street Suite 115 Battle Ground, WA 9860	27-0059405		
Oregon Ballet Theatre, 818 SE 6th Avenue Portland, OR 97214	93-1009305		
Oregon College of Art and Craft,8245 SW Barnes Road Portland, OR 97225	93-0391547	501(0)(3)	50,000 Craft Lives Here Capital and Endowment Campaigr
Oregon Food Bank,PO Box 55370 Portland, OR 97238-5370	93-0785786		
Oregon Food Bank,PO Box 55370 Portland, OR 97238-5370 Oregon Food Bank,PO Box 55370 Portland, OR 97238-5370	93-0785786		
Oregon Public Broadcasting,7140 SW Macadam Avenue Portland, OR 97219-3099	93-0785786 93-0814638		
Oregon Public Broadcasting,7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638	[501(c)(3)	1,000 Unrestricted

The Community Foundation for Southwest Washington FEIN 93-1246778				
Form 990-2009				
Schedule I, Part II Grants and Other Assistance to Governments and Organizations in the United State				
a	b	C	4	<u>h</u>
Organization Name and Address	EIN			Purpose of Grant or Assistance
Oregon Public Broadcasting, 7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638			Unrestricted
Oregon Public Broadcasting, 7140 SW Macadam Avenue Portland, OR 97219-3098	93-0814638			Unrestricted
Oregon Public Broadcasting, 7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638			Unrestricted
Oregon Public Broadcasting, 7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638			Unrestricted
Parks Foundation of Clark County,610 Esther Street Vancouver, WA 98660	91-1986747			Unrestricted
Parks Foundation of Clark County, 610 Esther Street Vancouver, WA 9866(91-1986747			Everybody Playsl Recreation Scholarship Program
Parks Foundation of Clark County,610 Esther Street Vancouver, WA 9866(91-1986747			Unrestricted
Parks Foundation of Clark County,610 Esther Street Vancouver, WA 9866(91-1986747			Fun Wagon equipment
Parks Foundation of Clark County,610 Esther Street Vancouver, WA 9866(91-1986747			Senior Programs
People for the Ethical Treatment of Animals,501 Front Street Norfolk, VA 2351(52-1218336			Unrestricted
Planned Parenthood - Columbia Willamette, 3727 NE ML King Blvd Portland, OR 97212-1112	93-6031270			Let's Build Campaign, Regional Service Center
Praise International, PO Box 100 Meridian, ID 83680-0100 (Praise Inc	82-0351170			Unrestricted
Reach Out and Read,501 SE 172nd Avenue Vancouver, WA 98684	91-1456753			Vancouver Clinic Reach Out and Read Program
Rocksolid Community Teen Center,PO Box 175 Brush Prairie, WA 98606	91-6050101			Life Skills Mentoring Program
Ronald McDonald House Charities,2620 N Commercial Portland, OR 97227	93-0806912			Unrestricted
Ronald McDonald House Charities,2620 N Commercial Portland, OR 97227	93-0806912			Unrestricted
Second Step Housing,2500 Main Street, Suite 120 Vancouver, WA 9866(91-1691325			Equipment, printer, scanner, fa>
Second Step Housing, 2500 Main Street, Suite 120 Vancouver, WA 98660	91-1691325			12 twin & 12 full sized beds for women and children in transitional housin
Second Step Housing, 2500 Main Street, Suite 120 Vancouver, WA 98660	91-1691325			Unrestricted
Seton Catholic High School,201 NE Park Plaza Dr., Suite 120 Vancouver, WA 98684	91-2083459			Unrestricted
Seton Catholic High School,201 NE Park Plaza Dr , Suite 120 Vancouver, WA 98684	91-2083459			Unrestricted
Share, Inc ,PO Box 1209 Vancouver, WA 98666	91-1205119			Unrestricted
Share, Inc ,PO Box 1209 Vancouver, WA 98666	91-1205119			Unrestricted
Share, Inc ,PO Box 1209 Vancouver, WA 98666	91-1205119			Share House
Share, Inc ,PO Box 1209 Vancouver, WA 98666	91-1205119			Unrestricted
Share, Inc.,PO Box 1209 Vancouver, WA 98666	91-1205119			Unrestricted
Share, Inc ,PO Box 1209 Vancouver, WA 98666	91-1205119			Hunger Response Program
Share, Inc ,PO Box 1209 Vancouver, WA 98666	91-1205119			Underwriting for 2009 gala
Share, Inc ,PO Box 1209 Vancouver, WA 98666	91-1205119	, ,, ,		Backpack Program
Share, Inc ,PO Box 1209 Vancouver, WA 98666	91-1205119			Hunger Response Program
Shriners Hospitals for Children,3101 SW Sam Jackson Park Rd Portland, OR 97239-3095	36-2193608			Unrestricted
Shriners Hospitals for Children, 3101 SW Sam Jackson Park Rd Portland, OR 97239-3098	36-2193608			Unrestricted
Sierra Club Foundation,85 Second Street, Suite 750 San Francisco, CA 94108	94-6069890			Unrestricted
Southwest Washington Medical Center,PO Box 1600 Vancouver, WA 98668	91-6068143			"Blue Power"
Southwest Washington Medical Center,PO Box 1600 Vancouver, WA 98668	91-6068143			Hospice Program
Southwest Washington Medical Center,PO Box 1600 Vancouver, WA 98668	91-6068143			Kearney Breast Care Center
Southwest Washington Medical Center,PO Box 1600 Vancouver, WA 98668	91-6068143			Breast Cancer Art Fund
Southwest Washington Medical Center,PO Box 1600 Vancouver, WA 98668	91-6068143			Unrestricted
Southwest Washington Medical Center Foundation,PO Box 1600 Vancouver, WA 98668	92-1231436			Breast Care Center
Southwest Washington Medical Center Foundation, PO Box 1600 Vancouver, WA 98668	92-1231436			Unrestricted
Southwest Washington Workforce Development Council,805 Broadway, Suite 412 Vancouver, WA 98660	01-0726348			Unrestricted
St Joseph Parish,6500 Highland Drive Vancouver, WA 98661-7638	91-0602266			Unrestricted
St Paul Lutheran Church,PO Box 847 Castle Rock, WA 98611	91-0991229			Unrestricted
St Vincent de Paul,2456 NE Stapleton Rd Vancouver, WA 98661	93-0456525			Unrestricted
St Vincent de Paul,2456 NE Stapleton Rd Vancouver, WA 98661	93-0456525			Unrestricted
Sunshine Physically Handicapped Foundation,PO Box 61412 Vancouver, WA 9866	91-1248514			Unrestricted
The Parkinson's Center of Oregon,OHSU Foundation 1121 SW Salmon Street, Suite 200 Portland, OR 97205-202	23-7083114			Unrestricted
The Parkinson's Center of Oregon,OHSU Foundation 1121 SW Salmon Street, Suite 200 Portland, OR 97205-202	23-7083114			Parkinson's Disease Research Fund
The Salvation Army,PO Box 5559 Vancouver, WA 98668-5559	94-1156347			Unrestricted
The Salvation Army,PO Box 5559 Vancouver, WA 98668-5559	94-1156347			Unrestricted
The Salvation Army, PO Box 5559 Vancouver, WA 98668-5559	94-1156347			Summer Camp Scholarships
The Salvation Army,PO Box 5559 Vancouver, WA 98668-5558	94-1156347			People in need adopt-a-family program
Trustees of Phillips Academy,180 Main Street Andover, MA 01810-9982	04-2103579	501(c)(3)	25,000	Unrestricted

The Community Foundation for Southwest Washington FEIN 93-1246778				
Form 990-2009				
Schedule I, Part II Grants and Other Assistance to Governments and Organizations in the United State				
а	b	С	d	h
Organization Name and Address				Purpose of Grant or Assistance
United Methodist Church,1919 2nd Street Baker City, OR 97814	93-6087311	501(c)(3)		Unrestricted
United Way of the Columbia-Willamette,619 SW 11th Ave Ste 300 Portland, OR 97205-2646	93-0582124			Unrestricted
Val Ogden Center/Janus of Southwest Washington,10201 NE Fourth Plain Blvd Vancouver, WA 9866	20-8430439			Generalist Staff Position
Vancouver Symphony Orchestra, PO Box 525 Vancouver, WA 98666-0525	91-1281734			Moving & related expenses
Vancouver Symphony Orchestra, PO Box 525 Vancouver, WA 98666-0525	91-1281734			Unrestricted
Vancouver Symphony Orchestra, PO Box 525 Vancouver, WA 98666-0525	91-1281734			Unrestricted
	91-1986747			Fourth Plain Revitalization Summer Recreation Program
Washington University in St. Louis, Office of the Chancellor One Brooking Drive Box 1192 St. Louis, MO 63130-489	43-0653611			Undergraduate Arts & Sciences
	04-2103637			Unrestricted
Whitworth University, Student Accounts 300 W. Hawthorne Road Spokane, WA 99251-0120	91-0473310			President's Discretion
Women In Action Foundation,PO Box 61709 Vancouver, WA 98666	91-1624120			Unrestricted
YWCA Clark County,3609 Main Street Vancouver, WA 98663	91-0569882			Unrestricted
YWCA Clark County,3609 Main Street Vancouver, WA 98663	91-0569882			Unrestricted
YWCA Clark County,3609 Main Street Vancouver, WA 98663	91-0569882			Clark County Y's Care - Kitchen or computer equipmen
YWCA Clark County,3609 Main Street Vancouver, WA 98663	91-0569882			Eliminating Racism Workshops
YWCA Clark County,3609 Main Street Vancouver, WA 98663	91-0569882			Unrestricted
YWCA Clark County,3609 Main Street Vancouver, WA 98663	91-0569882			Unrestricted
YWCA Safechoice Shelter,3609 Main Street Vancouver, WA 98663	91-0569882			Safe Choice Shelter
YWCA Safechoice Shelter,3609 Main Street Vancouver, WA 98663	91-0569882			Safe Choices Shelter
YWCA Safechoice Shelter,3609 Main Street Vancouver, WA 98663	91-0569882			Unrestricted
	91-0569882	501(c)(3)		Unrestricted
Total			2,631,877	

The Community Foundation for Southwest Washington FEIN 93-1246778 Form 990 - 2009 Grants and Other Assistance to Individuals in the United States Schedule I, Part III

Type of Grant	Number of Recipients	Amt of Cash Grants
Financial assistance for low-income students attending Southwest Washington schools	225	\$14,102
Financial support for acute needs of struggling women in the greater Clark county area	102	102,986
Financial assistance for low-income elementary school children	11	6,883
Financial assistance to post-secondary students attending institutions of higher learning	141	782,840
Layettes for newborn babies of needy Clark county families	120	3,000
Support for employees suffering severe financial hardship as a result of catastrophic events in their lives	2	4,954