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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

THE MISSION OF THE COMMUNITY WEST FOUNDATION IS TO ADVANCE THE HEALTH AND WELL BEING OF OUR COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 2,859,345 including grants of \$ 2,601,477) (Revenue \$)

THE FOUNDATION IS ORGANIZED TO ADVANCE THE HEALTH AND WELL BEING FOR THE PEOPLE OF WESTERN GREATER CLEVELAND AND TO ASSIST AREA AGENCIES AND ORGANIZATIONS THAT CONTRIBUTE TO THOSE EFFORTS IN CONNECTION THEREWITH, THE FOUNDATION HAS MADE VARIOUS GRANTS TO BOTH SECTION 501(C)(3) RELATED ORGANIZATIONS, AND VARIOUS TAX EXEMPT COMMUNITY AGENCIES AND ORGANIZATIONS LOCATED THROUGHOUT THE UNITED STATES

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses 2,859,345

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6 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	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions) 	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? If "Yes," complete Schedule G, Part II 	18 Yes	
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 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	63	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	5	
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	2a	0
b	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 (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country C J See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	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	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	22	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	DAVID T DOMBROWIAK PRESIDENT CEO 20545 CENTER RIDGE ROAD 448 ROCKY RIVER, OH (216) 476-7060

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID J HESSLER ADVANCEMENT/GRANTS/INVEST COMMITTEE	1 30	X		X				0	0	0
(2) DAVID T DOMBROWIAK PRESIDENT AND CEO	45 00	X		X				259,645	0	17,586
(3) HENRY T JACQUES VICE CHAIR OF THE BOARD/CHAIR	1 70	X		X				0	0	0
(4) WILLIAM W BAKER SEC /TREASURY /FINANCE CO CHAIR	2 10	X		X				0	0	0
(5) ALAN H WILDE MDDEC'D 52512 ADVANCEMENT COMMITTEE	80	X						0	0	0
(6) CHARLES A RINI SR CHAIR OF THE BOARD	1 90	X		X				0	0	0
(7) CHRISTOPHER HARRINGTON NOMINATING AUDIT & INVESTMENT COMM	1 00	X						0	0	0
(8) DAVID BUEGLER REV GRANTS COMMITTEE	1 00	X						0	0	0
(9) FRED M DEGRANDIS ADVANCEMENT COMMITTEE	80	X						0	0	0
(10) HARRY A ZILLI GRANTS COMMITTEE CHAIR	1 90	X						0	0	0
(11) JAMES MAGISANO MD ADVANCEMENT CHAIR/GRANTS COMMITTEE	1 50	X						0	0	0
(12) JOHN W KEMPER ADVANCEMENT/INVEST COMMITTEE CHAIR	1 50	X						0	0	0
(13) MARTIN J UHLE FINANCE COMMITTEE NOMINATING	80	X						0	0	0
(14) PAMELA E BOBST ADVANCEMENT COMMITTEE	80	X						0	0	0
(15) REV WILLIAM MURPHY SJ AUDIT/ADVANCEMENT COMMITTEE NOMINATING	50	X						0	0	0
(16) ROBERT J YAROMA INVESTMENT COMMITTEE	80	X						0	0	0
(17) ROBERT WARREN JR ADVANCEMENT COMMITTEE	80	X						0	0	0

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	259,645	0	17,586

2 Total number of individuals (including but not limited to those l
\$100,000 of 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 "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KIM L STEARNS MD , 300 KENMORE DRIVE BAY VILLAGE OH 44140	PROFESSIONAL MEDICAL OPINION	106,940

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	104,830		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,106,892		
	g	Noncash contributions included in lines 1a-1f \$		206,150		
	h	Total. Add lines 1a-1f		1,211,722		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,759,603		
4		Income from investment of tax-exempt bond proceeds . .				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses	27,401,707			
c		Gain or (loss)	26,598,076			
d		Net gain or (loss)	803,631			803,631
8a		Gross income from fundraising events (not including \$ 104,830 of contributions reported on line 1c) See Part IV, line 18	a			
b		Less direct expenses	b	29,875		
c		Net income or (loss) from fundraising events . .		90,582		
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b	380,166		
c		Net income or (loss) from gaming activities . .		192,667		
10a		Gross sales of inventory, less returns and allowances .	a			
b		Less cost of goods sold	b			
c		Net income or (loss) from sales of inventory . .				
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		3,901,748	0	0	2,690,026

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

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Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,549,885	2,549,885		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	51,592	51,592		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	259,645	64,911	64,911	129,823
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	455,052	88,894	119,845	246,313
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	58,147	12,000	17,074	29,073
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	98,766		98,766	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	236,895	59,224	59,224	118,447
13	Office expenses.	40,357		40,357	
14	Information technology.				
15	Royalties.				
16	Occupancy.	40,280	10,070	15,105	15,105
17	Travel.	28,179	9,393	9,393	9,393
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,159		3,159	
23	Insurance.	4,037		4,037	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MISCELLANEOUS	46,288	6,780	6,779	32,729
b	ANNUAL REPORT	19,788	6,596	6,596	6,596
c	DUES AND SUBSCRIPTIONS	17,559		17,559	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	3,909,629	2,859,345	462,805	587,479
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

☒

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			930,507	1	730,168
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			6,127	3	109,722
	4	Accounts receivable, net			68,072	4	52,140
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			13,808	9	15,917
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	120,940	3,946	10c	8,190
	b	Less accumulated depreciation	10b	112,750			
	11	Investments—publicly traded securities			76,066,146	11	85,382,380
	12	Investments—other securities See Part IV, line 11			3,374,839	12	3,555,321
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			230,702	15	253,065
16	Total assets. Add lines 1 through 15 (must equal line 34)			80,694,147	16	90,106,903	
Liabilities	17	Accounts payable and accrued expenses			282,837	17	345,675
	18	Grants payable			216,780	18	90,000
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			11,525,844	25	13,775,347
	26	Total liabilities. Add lines 17 through 25			12,025,461	26	14,211,022
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			61,973,655	27	68,851,960
	28	Temporarily restricted net assets			1,908,454	28	2,199,379
	29	Permanently restricted net assets			4,786,577	29	4,844,542
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			68,668,686	33	75,895,881
	34	Total liabilities and net assets/fund balances			80,694,147	34	90,106,903

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,901,748
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,909,629
3	Revenue less expenses Subtract line 2 from line 1	3	-7,881
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,668,686
5	Net unrealized gains (losses) on investments	5	7,174,171
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	60,905
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	75,895,881

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization COMMUNITY WEST FOUNDATION	Employer identification number 34-1456398
---	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

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

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,065,176	1,082,618	2,933,303	9,285,422	1,211,722	15,578,241
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,065,176	1,082,618	2,933,303	9,285,422	1,211,722	15,578,241
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,297,850
6 Public support. Subtract line 5 from line 4						6,280,391

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,065,176	1,082,618	2,933,303	9,285,422	1,211,722	15,578,241
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,586,707	1,130,312	1,267,657	1,310,258	1,759,602	7,054,536
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						22,632,777
12	Gross receipts from related activities, etc (see instructions)					12	1,569,204
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	27 750 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	25 800 %
16a	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

COMMUNITY WEST FOUNDATION QUALIFIED AS A PUBLICLY SUPPORTED ORGANIZATION BASED ON THE "FACTS AND CIRCUMSTANCE TEST" DESCRIBED IN REG 1.170A-9(E)(3). THE ORGANIZATION MEETS THE FOLLOWING SPECIFIED REQUIREMENTS: 1) THE NORMAL SUPPORT FROM THE PUBLIC IS AT LEAST 10% OF THE TOTAL SUPPORT NORMALLY RECEIVED; 2) THE ORGANIZATION IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT ON A CONTINUOUS BASIS BY SPONSORING VARIOUS EVENTS WHOSE PURPOSE IS TO RAISE FUNDS TO SUPPORT PROGRAMS AT THE HOSPITAL. FUNDRAISING EXPENSES FOR EVENTS LIKE ANNUAL DINNERS, GOLF OUTINGS, THE ANNUAL "GIFT OF LIFE" GALA, ALONG WITH VARIOUS OTHER FUNDRAISING EVENTS, PUBLICATIONS AND NEWSLETTERS ACCOUNT FOR APPROXIMATELY 19% OF THE ORGANIZATION'S TOTAL EXPENSES; 3) THE PUBLIC SUPPORT IS RECEIVED FROM A REPRESENTATIVE NUMBER OF PERSONS AND NOT A SINGLE FAMILY, AS EVIDENCED BY SCHEDULE B; 4) THE GOVERNING BODY OF THE ORGANIZATION REPRESENTS THE BOARD INTERESTS OF THE PUBLIC AS MEMBERS OF THE BOARD ARE A DIVERSIFIED GROUP OF COMMUNITY LEADERS WHO ARE COMMITTED TO PROMOTING AND SUPPORTING PHILANTHROPY AND ADVANCING THE HEALTH AND WELL BEING OF THE SURROUNDING COMMUNITY.

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY WEST FOUNDATION

Employer identification number
34-1456398

Part I

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
1 Total number at end of year	56	
2 Aggregate contributions to (during year)	1,404,916	
3 Aggregate grants from (during year)	862,058	
4 Aggregate value at end of year	9,010,720	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	4,798,174	4,778,213	5,845,552	8,894,912	9,459,782
b	Contributions	57,965	148,536	50,664	384,345	-418,429
c	Net investment earnings, gains, and losses	158,736	-3,787	183,265		
d	Grants or scholarships	83,032	124,788	144,224	114,495	146,441
e	Other expenditures for facilities and programs			1,157,044	3,319,210	
f	Administrative expenses					
g	End of year balance	4,931,843	4,798,174	4,778,213	5,845,552	8,894,912

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

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

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b		
----	--	--

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,024	3,034	990
d Equipment		84,064	76,864	7,200
e Other		32,852	32,852	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,190

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,038,058
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	7,174,171
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	60,905
e	Add lines 2a through 2d	2e	7,235,076
3	Subtract line 2e from line 1	3	3,802,982
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	98,766
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	98,766
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,901,748

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,810,863
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,810,863
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	98,766
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	98,766
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,909,629

Part XIII

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE INTENDED TO BE USED TO AID IN PROVIDING HEALTH CARE SERVICES AND EDUCATIONAL SCHOLARSHIPS FOR THE PEOPLE OF THE WESTERN GREATER CLEVELAND AREA. FORM 990, SCHEDULE D, PART V LINE 1E, ENDOWMENT FUNDS, OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS. COMMUNITY WEST FOUNDATION HOLDS EVENTS, THE PROCEEDS OF WHICH ARE FOR THE BENEFIT OF FAIRVIEW OR LUTHERN HOSPITAL PROGRAMMING. AS A RESULT, THESE AMOUNTS ARE RECORDED AS A LIABILITY CALLED ASSETS HELD FOR OTHERS AS OPPOSED TO TEMPORARILY RESTRICTED CONTRIBUTIONS. AMOUNTS RAISED FROM THESE EVENTS AND ADDED TO THE ASSETS HELD FOR OTHERS IS \$2,789,740.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FOUNDATION IS A QUALIFYING ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON INCOME, OTHER THAN UNRELATED BUSINESS INCOME, UNDER IRC SECTION 501(A). THE FOUNDATION FOLLOWS GAAP FOR RECOGNITION OF INCOME TAXES. THE FOUNDATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE EARLIEST YEAR THAT THE FOUNDATION IS SUBJECT TO EXAMINATION IS THE YEAR ENDED DECEMBER 31, 2009. IN EVALUATING THE FOUNDATION'S ACTIVITIES, MANAGEMENT BELIEVES ITS POSITION OF TAX-EXEMPT STATUS IS APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES. MANAGEMENT HAS ASSESSED THAT THERE ARE NO ACTIVITIES UNRELATED TO THE PURPOSE OF THE FOUNDATION AND THEREFORE, THERE IS NO TAX TO BE RECOGNIZED. AS OF DECEMBER 31, 2012, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. IT IS THE FOUNDATION'S POLICY TO INCLUDE ANY PENALTIES AND INTEREST RELATED TO INCOME TAXES IN MANAGEMENT AND GENERAL EXPENSE, HOWEVER, THE FOUNDATION CURRENTLY HAS NO PENALTIES OR INTEREST RELATED TO INCOME TAXES.
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 60,905
		PART XII LINE 2D, CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT WHICH IS RECORDED AS REVENUE ON THE FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY WEST FOUNDATION

Employer identification number
34-1456398

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 STRAIGHT FROM THE HEART (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	134,705		134,705
	2	Less Contributions . .	104,830		104,830
	3	Gross income (line 1 minus line 2)	29,875		29,875
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .			
	6	Rent/facility costs . .			
	7	Food and beverages .	39,637		39,637
	8	Entertainment	7,490		7,490
	9	Other direct expenses .	43,455		43,455
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(90,582)
					-60,707

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue		380,166	380,166
	2	Cash prizes		121,837	121,837
Direct Expenses	3	Non-cash prizes		33,618	33,618
	4	Rent/facility costs			
	5	Other direct expenses . . .		37,212	37,212
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☒ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			
					192,667
					187,499

9 Enter the state(s) in which the organization operates gaming activities OH

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13	Indicate the percentage of gaming activity operated in	
a	The organization's facility	13a100.000%
b	An outside facility	13b

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name DANIEL ROTH, DIRECTOR OF ACCOUNTING

Address 20545 CENTER RIDGE ROAD, 448
CLEVELAND, OH 44116

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party

Name

Address

16 Gaming manager information

Name DAVID T DOMBROWIAK, PRESIDENT/CEO

Gaming manager compensation \$ 2,596

Description of services provided THE EXECUTIVE DIRECTOR OVERSEES THE MANAGEMENT OF THE GAMING ACTIVITIES (SEE PART IV)

☒ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE G, LINE 16	THE ABOVE COMPENSATION IS AN ALLOCATION OF THE BASE COMPENSATION REPORTED ON FORM 990, PART VII AND IS NOT ADDITIONAL COMPENSATION

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY WEST FOUNDATION

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.
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number
34-1456398

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

61

3

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

0

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) REGIONAL HOSPITALS, EMPLOYEE CARE FUND GRANTS	51	51,592			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 WHEN AN ORGANIZATION ACCEPTS A GRANT PAYMENT FROM COMMUNITY WEST FOUNDATION THEY ARE REQUIRED TO SIGN A GRANT RECIPIENT'S AGREEMENT FORM THE DONEE IS REQUIRED TO SUBMIT A WRITTEN DETAILED REPORT WHICH SHOWS HOW THE GRANT MONIES WERE SPENT TO THE FOUNDATION WITHIN EIGHTEEN MONTHS FROM RECEIPT OF THE FUNDS THE REPORT FROM THE DONEE IS REVIEWED BY THE GRANTS COMMITTEE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN SERVICES IN ACTION3631 PERKINS AVE SUITE 2A-W CLEVELAND, OH 44114	34-1798850	501(C)(3)	28,898				GRANT #12 21 - WESTSIDE NEWCOMER FAMILY SUPPORT AND PRESIDENTIAL GRANTS
AVON LAKE COMMUNITY RESOURCE SERVICES INC 33501 L LAKE AVENUE AVON LAKE, OH 44012	34-1595037	501(C)(3)	10,000				GRANT #12 22 - GENERAL OPERATING SUPPORT
BECK CENTER FOR THE ARTS17801 DETROIT AVENUE LAKEWOOD, OH 44107	34-6001636	501(C)(3)	28,500				GRANT #12 06 - CREATIVE ARTS THERAPIES PROGRAM AND DONOR ADVISED FUND GRANTS
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	47,750				DONOR ADVISED FUND GRANTS
CATHOLIC COMMUNITY FOUNDATIONCATHEDRAL SQUARE 1404 EAST 9TH ST CLEVELAND, OH 44114	34-1908579	501(C)(3)	5,750				DONOR ADVISED FUND GRANTS
CENTER FOR FAMILY AND CHILDREN (FORMERLY WEST SIDE ECUMENICAL MINISTRY)4500 EUCLID AVENUE CLEVELAND, OH 44103	23-7084455	501(C)(3)	27,500				GRANT #12 38 WSEM FOOD CENTER PROGRAM, DONOR ADVISED FUND GRANTS AND PRESIDENTIAL GRANTS
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	85,000				DONOR ADVISED FUND GRANTS
CLEVELAND FOODBANK 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	34-1292848	501(C)(3)	104,500				GRANT #12 11- 2012 MATCHING GRANT PROJECT, DONOR ADVISED FUND GRANTS, PRESIDENTIAL GRANTS
COMMUNITY SERVICE ALLIANCE4001 TRENT AVENUE CLEVELAND, OH 44109	20-1418132	501(C)(3)	40,000				GRANT #12 39 - FULTON HOUSE VETERANS PROGRAM AND PRESIDENTIAL GRANTS
CORNUCOPIA INC18120 SLOANE AVENUE LAKEWOOD, OH 44107	51-0179029	501(C)(3)	78,000				GRANT #12 25- VOCATIONAL TRAINING PROGRAM, DONOR ADVISED FUND GRANTS AND PRESIDENTIAL GRANTS
DENISON AVENUE UNITED CHURCH OF CHRIST9900 DENISON AVENUE CLEVELAND, OH 44102	34-6000844	501(C)(3)	15,000				GRANT #12 05 - WELLNESS PROGRAMS, DONOR ADVISED FUND GRANTS AND PRESIDENTIAL GRANTS
DOMESTIC VIOLENCE CENTERPO BOX 5466 CLEVELAND, OH 44101	34-1278377	501(C)(3)	30,000				GRANT #12 14- EMERGENCY SHELTER PROGRAM
ED KEATING CENTER INC PO BOX 770108 LAKEWOOD, OH 44107	34-1872981	501(C)(3)	26,365				GRANT #12 40- SOBER RESIDENTIAL LIVING PROGRAM AND PRESIDENTIAL GRANTS
FAMILY PROMISE OF GREATER CLEVELAND3470 EAST 152ND STREET CLEVELAND, OH 44120	34-1598710	501(C)(3)	28,000				GRANT #12 41 - EMERGENCY HOUSING PROGRAM AND PRESIDENTIAL GRANTS
GENERATION FOUNDATION111 SUPERIOR AVENUE CLEVELAND, OH 44114	31-1564642	501(C)(3)	150,000				DONOR ADVISED FUND GRANTS
GREEN ROAD SYNAGOGUE 2437 SOUTH GREEN ROAD BEACHWOOD, OH 44122	34-1114908	501(C)(3)	5,800				DONOR ADVISED FUND GRANTS
GUIDESTONE (FORMERLY BEREA CHILDREN'S HOME) 202 EAST BAGLEY ROAD BEREA, OH 44017	34-0720558	501(C)(3)	27,000				GRANT #12 42- PASTORAL CARE PROGRAM AND PRESIDENTIAL GRANTS
HATHAWAY BROWN SCHOOL19600 NORTH PARK BOULEVARD SHAKER HEIGHTS, OH 44122	34-0714426	501(C)(3)	10,000				DONOR ADVISED FUND GRANTS
HUNGER NETWORK OF GREATER CLEVELAND614 WEST SUPERIOR AVENUE SUITE 744 CLEVELAND, OH 44113	34-1810545	501(C)(3)	30,000				GRANT #12 37- GENERAL SUPPORT
INNER HEALTH MINISTRIES RETREAT CENTER14538 GRAPELAND AVENUE CLEVELAND, OH 44111	20-3385071	501(C)(3)	30,000				GRANT #12 30- BUILDING BEHAVIOR AUTISM CLINIC
JAPAN SOCIETY333 EAST 47TH STREET NEW YORK, NY 10017	13-1675082	501(C)(3)	225,000				DONOR ADVISED FUND GRANTS
JOSEPH'S HOME2412 COMMUNITY COLLEGE AVENUE CLEVELAND, OH 44115	34-1901676	501(C)(3)	24,500				GRANT #12 34- TRANSITIONAL HOUSING & HOME HEALTH, DONOR ADVISED FUND GRANTS AND PRESIDENTIAL GRANTS
KENT STATE UNIVERSITY BURSARS OFFICE 800 EAST SUMMIT STREET KENT, OH 44242	34-6576307	501(C)(3)	10,500				FLORENCE GRAY SCHOLARSHIPS
LAKE RIDGE ACADEMY 37501 CENTER RIDGE ROAD NORTH RIDGEVILLE, OH 44039	34-6519833	501(C)(3)	7,500				DONOR ADVISED FUND GRANTS
LAKEWOOD COMMUNITY SERVICES CENTER14230 MADISON AVENUE LAKEWOOD, OH 44107	34-1446497	501(C)(3)	53,000				GRANT #12 26 - GENERAL OPERATING SUPPORT, DONOR ADVISED FUND GRANTS AND PRESIDENTIAL GRANTS
LAKEWOOD HOSPITAL FOUNDATION14601 DETROIT AVENUE 240 LAKEWOOD, OH 44107	34-6519834	501(C)(3)	6,500				DONOR ADVISED FUND GRANTS
LAKEWOOD UNITED METHODIST CHURCH 15700 DETROIT AVENUE LAKEWOOD, OH 44107	34-0720557	501(C)(3)	5,400				DONOR ADVISED FUNDS GRANTS
LIVING MIRACLES PEER EMPOWERMENT CENTER 1581 W 117TH ST CLEVELAND, OH 44107	61-1601980	501(C)(3)	11,000				GRANT #12 17- EDUCATION & SUPPORT PROGRAM AND PRESIDENTIAL GRANTS
LUTHERAN METROPOLITAN MINISTRY1468 WEST 25TH STREET CLEVELAND, OH 44113	34-1043756	501(C)(3)	43,500				GRANT #12 02 - 2100 LAKESIDE MEN'S SHELTER, DONOR ADVISED FUND GRANTS AND PRESIDENTIAL GRANTS
MALACHI HOUSE2810 CLINTON AVENUE CLEVELAND, OH 44113	34-1598707	501(C)(3)	91,000				GRANT #12 44- COMMUNITY WEST BEDROOM, DONOR ADVISED FUND GRANTS AND PRESIDENTIAL GRANTS
MAY DUGAN CENTER4115 BRIDGE AVENUE CLEVELAND, OH 44113	23-7061949	501(C)(3)	33,000				GRANT #12 20- COMPREHENSIVE CASE MGMT & COUSELING AND PRESIDENTIAL GRANTS
MEALS ON WHEELS (WEST PARK)15460 TRISKETT ROAD CLEVELAND, OH 44103	34-1174972	501(C)(3)	6,000				PRESIDENTIAL GRANTS
MENTAL HEALTH ADVOCACY COALITION 4500 EUCLID AVENUE CLEVELAND, OH 44103	23-7084455	501(C)(3)	16,000				GRANT #12 43- FUNDER SUPPORT PROGRAM AND PRESIDENTIAL GRANTS
MERRICK HOUSE1050 STARKWEATHER AVENUE CLEVELAND, OH 44113	34-0714463	501(C)(3)	26,000				GRANT #12 23-MOMS FIRST PROGRAM AND PRESIDENTIAL GRANTS
MESSIAH LUTHERAN CHURCH21485 LORAIN ROAD FAIRVIEW PARK, OH 44126	34-6004006	501(C)(3)	12,500				DONOR ADVISED FUND GRANTS
MURTIS H TAYLOR MULTI-SERVICE CENTER13422 KINSMAN ROAD CLEVELAND, OH 44120	23-7158458	501(C)(3)	26,000				GRANT #12 27- COLLABORATION PROJECT AND PRESIDENTIAL GRANTS
NAMI GREATER CLEVELAND2012 WEST 25TH STREET 600 CLEVELAND, OH 44113	20-2254268	501(C)(3)	20,000				GRANT #12 08 MENTAL ILLNESS SUPPORT & EDUCATION
NEIGHBORHOOD ALLIANCE457 GRISWOLD RD ELYRIA, OH 44035	34-0714471	501(C)(3)	36,500				GRANT #12 01 - SENIOR NUTRITION, HOME DELIVERED MEALS AND DONOR ADVISED FUND GRANTS
NORTH COAST HEALTH MINISTRY16110 DETROIT AVENUE LAKEWOOD, OH 44107	34-1536257	501(C)(3)	101,000				GRANT #12 13- MEDICAL CARE SERVICES SUPPORT AND DONOR ADVISED FUND GRANTS
NUEVA LUZ URBAN RESOURCE CENTER2226 WEST 89TH STREET CLEVELAND, OH 44102	34-1973927	501(C)(3)	25,000				GRANT #12 03- NUTRITION PROGRAM AND PRESIDENTIAL GRANTS
OHIO UNIVERSITY BURSARS OFFICE PO BOX 960 ATHENS, OH 45701	31-6402269	501(C)(3)	18,332				FLORENCE GRAY SCHOLARSHIPS
PROVIDENCE HOUSE2037 WEST 32ND STREET CLEVELAND, OH 44113	34-1336325	501(C)(3)	27,000				GRANT #12 07- SIX MONTH BED SPONSORSHIP, DONOR ADVISED FUND GRANTS AND PRESIDENTIAL GRANTS
ROCKY RIVER UNITED METHODIST CHURCH 19414 DETROIT ROAD ROCKY RIVER, OH 44116	34-0753542	501(C)(3)	7,500				DONOR ADVISED FUND GRANTS
SECOND HARVEST OF NORTH CENTRAL OHIO 7445 DEER TRAIL LANE LORAIN, OH 44053	34-1446685	501(C)(3)	52,000				GRANT #11 16 - FOOD GRANT PROGRAM AND PRESIDENTIAL GRANTS
ST COLMAN CHURCH2027 WEST 65TH STREET CLEVELAND, OH 44102	34-0714699	501(C)(3)	24,300				GRANT #12 28- OUTREACH MINISTRY PROGRAM, DONOR ADVISED FUND GRANTS AND PRESIDENTIAL GRANTS
ST MALACHI CENTER2416 SUPERIOR VIADUCT CLEVELAND, OH 44113	34-1506478	501(C)(3)	26,500				GRANT #12 36- SHOWER PROGRAM FOR THE HOMELESS AND DONOR ADVISED FUND GRANTS
ST PAUL'S COMMUNITY CHURCH4427 FRANKLIN BOULEVARD CLEVELAND, OH 44113	20-2904281	501(C)(3)	23,000				GRANT #12 04- EMERGENCY DROP-IN CENTER, DONOR ADVISED FUND GRANTS AND PRESIDENTIAL GRANTS
STELLA MARIS1320 WASHINGTON AVENUE CLEVELAND, OH 44113	34-0896181	501(C)(3)	26,000				GRANT #12 18- CLINICAL SERVICES FOR HOMELESS VETERANS AND PRESIDENTIAL GRANTS
THE METANOIA PROJECT INC4510 BROADALE ROAD CLEVELAND, OH 44109	26-2788076	501(C)(3)	17,000				GRANT #12 33 - OPERATING SUPPORT/ED POSITION AND PRESIDENTIAL GRANTS
THE MUSICAL ARTS ASSOCIATION - CLEVELAND ORCHESTRA 11001 EUCLID AVENUE CLEVELAND, OH 44106	34-0714468	501(C)(3)	8,000				DONOR ADVISED FUND GRANTS
THE REFUGEE RESPONSE 101 WEST PROSPECT AVENUE 1600 CLEVELAND, OH 44115	30-0594051	501(C)(3)	16,000				GRANTS #12 10- EMPOWERMENT AGRICULTURAL PROJECT AND PRESIDENTIAL GRANTS
THE SALVATION ARMY 2507 EAST 22ND STREET CLEVELAND, OH 44115	13-5562351	501(C)(3)	70,100				GRANT #12 12- EMERGENCY ASSISTANCE SERVICES
TRANSITIONAL HOUSING INC1545 WEST 25TH STREET CLEVELAND, OH 44113	34-1424555	501(C)(3)	21,000				GRANT #12 16 - ACHIEVING SELF-SUFFICIENCY FOR WOMEN AND PRESIDENTIAL GRANTS
UNIVERSITY OF AKRON OFFICE OF STUDENT ACCOUNTS PO BOX 2260 AKRON, OH 44309	34-6575496	501(C)(3)	9,000				FLORENCE GRAY SCHOLARSHIPS
UNIVERSITY SCHOOL2785 SOM CENTER ROAD HUNTING VALLEY, OH 44022	34-0714720	501(C)(3)	27,000				DONOR ADVISED FUND GRANTS
URSULINE COLLEGEOFFICE OF FINANCIAL AID 2550 LANDER ROAD PEPPER PIKE, OH 44124	34-0714777	501(C)(3)	6,500				FLORENCE GRAY SCHOLARSHIPS
WEST SIDE CATHOLIC CENTER3135 LORAIN AVENUE CLEVELAND, OH 44113	34-1244687	501(C)(3)	27,000				GRANT #12 35 - BASIC NEEDS PROGRAM, DONOR ADVISED GRANTS AND PRESIDENTIAL GRANTS
WEST SIDE COMMUNITY HOUSE9300 LORAIN AVENUE CLEVELAND, OH 44102	34-0714820	501(C)(3)	16,000				GRANT #12 15- HEALTHY BODIES, HEALTH MIDS AND PRESIDENTIAL GRANTS
WESTSIDE FAMILY RESOURCE NETWORK2037 WEST 32ND STREET CLEVELAND, OH 44113	34-1336325	501(C)(3)	16,924				WEB-BASED REFERRAL SYSTEM - PHASE II
WITTENBERG UNIV - OFFICE OF ADVANCEMENT WARD ST AT N WITTENBERG AVE PO BOX 720 SPRINGFIELD, OH 45501	31-0537177	501(C)(3)	5,250				DONOR ADVISED FUND GRANTS
YOUTH CHALLENGE800 SHARON DRIVE WESTLAKE, OH 44145	34-1396825	501(C)(3)	47,000				GRANT #12 24- WELLNESS PROGRAM FOR DISABLED CHILDREN, DONOR ADVISED FUND GRANTS AND PRESIDENTIAL GRANTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COMMUNITY WEST FOUNDATION

Employer identification number
34-1456398

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)DAVID T DOMBROWIAK PRESIDENT AND CEO	(i)	259,645	0	0	6,826	10,760	277,231	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
COMMUNITY WEST FOUNDATION

Employer identification number
34-1456398

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	206,150	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

0

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
			No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
COMMUNITY WEST FOUNDATION**Employer identification number**

34-1456398

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	COMMUNITY WEST FOUNDATION RECEIVES A COPY OF FORM 990 TO REVIEW BEFORE THE RETURN IS FILED FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE, WHO ACTS IN AUTHORITY OF THE BOARD MEMBERS FORM 990 IS REVIEWED FOR COMPLETENESS AND ACCURACY
	FORM 990, PART VI, SECTION B, LINE 12C	COMMUNITY WEST FOUNDATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING ALL BOARD MEMBERS TO DISCLOSE ANY CONFLICTS OF INTEREST IF A BOARD MEMBER IS PRESENTED WITH A CONFLICT OF INTEREST THAT BOARD MEMBER MUST DISCLOSE THE CONFLICT AND REFRAIN FROM VOTING
	FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS OF DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT IS DETERMINED THROUGH SURVEY/STUDY AND APPROVAL BY THE COMPENSATION COMMITTEE
	FORM 990, PART VI, SECTION C, LINE 19	FORM 990, PART VI, SECTION C, LINE 19 COMMUNITY WEST FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 60,905
	FORM 990, PART XI, LINE 2C	THE AUDIT COMMITTEE OF COMMUNITY WEST FOUNDATION IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR