

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

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

**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE COMMUNITY FOUNDATION OF SOUTH PUGET SOUND Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 212 UNION AVENUE SE 102 City or town, state or province, country, and ZIP or foreign postal code OLYMPIA, WA 98501 <b>F Name and address of principal officer:</b> MINDIE REULE 212 UNION AVE SE STE 102, OLYMPIA, WA 98501	<b>D Employer identification number</b> 94-3121390 <b>E Telephone number</b> 360-705-3340 <b>G Gross receipts \$</b> 7,454,285. <b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.THECOMMUNITYFOUNDATION.COM		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1989 <b>M State of legal domicile:</b> WA

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE &amp; FACILITATE COMMUNITY CHARITABLE ENDEAVORS IN THURSTON, MASON &amp; LEWIS COUNTIES.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	5
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	6,673,575.
<b>9</b>		Program service revenue (Part VIII, line 2g)	339,942.	382,255.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,002,225.	1,209,667.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,414.	59,262.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,090,156.	3,008,604.
<b>13</b>		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,389,573.	1,574,822.
<b>Expenses</b>		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	302,330.	295,337.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,111.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	619,580.	680,787.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,311,483.	2,550,946.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	5,778,673.	457,658.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	23,083,519.	27,012,113.
	<b>21</b>	Total liabilities (Part X, line 26)	1,542,068.	1,664,522.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	21,541,451.	25,347,591.

**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.

<b>Sign Here</b>	Signature of officer <b>MINDIE REULE, PRESIDENT &amp; CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CORA P. KENWORTHY</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P01332199</b>
	Firm's name ▶ <b>JOHNSON STONE &amp; PAGANO, P.S.</b> Firm's address ▶ <b>1501 REGENTS BLVD., SUITE 100 FIRCREST, WA 98466</b>	Firm's EIN ▶ <b>91-1623649</b> Phone no. (253) <b>566-7070</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
THE COMMUNITY FOUNDATION OF SOUTH PUGET SOUND'S MISSION IS TO INSPIRE  
PHILANTHROPIC EFFORTS THAT ENRICH OUR COMMUNITIES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 2,348,048. including grants of \$ 1,574,822.) (Revenue \$ 382,255.)  
COMMUNITY FOUNDATION OF SOUTH PUGET SOUND, FOUNDED IN 1989, SERVES AS A  
CATALYST FOR CHARITABLE GIVING IN THURSTON, MASON, AND LEWIS COUNTIES,  
BY PROVIDING GRANTS TO NONPROFITS TO SUPPORT A WIDE VARIETY OF ARTS,  
EDUCATION, HEALTH AND HUMAN SERVICES, ECONOMIC DEVELOPMENT, AND  
ENVIRONMENTAL PROGRAMS, AS WELL AS SCHOLARSHIPS TO SOUTH SOUND AREA  
STUDENTS PURSUING POST-SECONDARY EDUCATIONAL OPPORTUNITIES. FUNDING  
COMES FROM OVER 100 SEPARATELY NAMED FUNDS, INCLUDING DONOR ADVISED,  
UNRESTRICTED, AREA OF INTEREST, DESIGNATED, AND SCHOLARSHIP FUNDS. WE  
GUIDE INDIVIDUALS, FAMILIES, AND BUSINESSES IN CREATING THOSE  
CHARITABLE FUNDS AND HELP DETERMINE THE BEST COMPLEMENT OF THEIR  
INTERESTS AND PERSONAL PHILANTHROPIC GOALS, AS WELL AS WHICH GIFTS WILL  
HAVE THE MOST IMPACT TO HELP MEET COMMUNITY CHALLENGES OVER TIME.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

**4e** Total program service expenses **▶ 2,348,048.**

**THE COMMUNITY FOUNDATION OF SOUTH PUGET  
SOUND**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>X</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> 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 "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

THE COMMUNITY FOUNDATION OF SOUTH PUGET  
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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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> .....		X
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....	X	
<b>34</b> 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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	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		5
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 15		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶WA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**MINDIE REULE - 360-705-3340**  
**212 UNION AVE SE STE 102, OLYMPIA, WA 98501**

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

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

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

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) STEFANIE PARSONS DIRECTOR	1.00	X					0.	0.	0.	
(2) MARY WILLIAMS CHAIR	2.00	X		X			0.	0.	0.	
(3) JOE LYNCH VICE CHAIR	2.00	X		X			0.	0.	0.	
(4) JIM MORRELL TREASURER	2.00	X		X			0.	0.	0.	
(5) STACIE-DEE MOTOYAMA DIRECTOR	1.00	X					0.	0.	0.	
(6) MEG VANSCHOORL DIRECTOR	1.00	X					0.	0.	0.	
(7) MELANIE BAKALA DIRECTOR	1.00	X					0.	0.	0.	
(8) JOHN CLEES DIRECTOR	1.00	X					0.	0.	0.	
(9) JOSH DECK DIRECTOR	1.00	X					0.	0.	0.	
(10) AMY EVANS DIRECTOR	1.00	X					0.	0.	0.	
(11) KELSEY HULSE DIRECTOR	1.00	X					0.	0.	0.	
(12) MARTY JUERGENS DIRECTOR	1.00	X					0.	0.	0.	
(13) JANET MCLANE SECRETARY	2.00	X		X			0.	0.	0.	
(14) DAN JONES DIRECTOR	1.00	X					0.	0.	0.	
(15) KATIE RAINS DIRECTOR	1.00	X					0.	0.	0.	
(16) DAE SHOEGREN DIRECTOR	1.00	X					0.	0.	0.	
(17) REBECCA STAEBLER DIRECTOR	1.00	X					0.	0.	0.	

THE COMMUNITY FOUNDATION OF SOUTH PUGET  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) MINDIE REULE PRESIDENT & CEO	40.00			X				66,677.	0.	1,359.
(19) NORMA SCHUITEMAN PRESIDENT & CEO	40.00			X				64,687.	0.	11,530.
<b>1b Subtotal</b> .....								131,364.	0.	12,889.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								131,364.	0.	12,889.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
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> .....		X
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> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,357,420.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 243,366.				
	<b>h Total.</b> Add lines 1a-1f .....		1,357,420.				
Program Service Revenue	<b>2 a</b> ADMINISTRATIVE FEE INCOME	<b>Business Code</b>					
		561000	382,255.	382,255.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		382,255.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		616,484.			616,484.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	12,938.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	12,938.				
	<b>d</b> Net rental income or (loss) .....		12,938.			12,938.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	5,012,312.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	4,419,129.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	593,183.				
<b>d</b> Net gain or (loss) .....		593,183.			593,183.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		72,876.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	26,552.					
<b>c</b> Net income or (loss) from fundraising events .....		46,324.			46,324.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		3,008,604.	382,255.	0.	1,268,929.		

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**Part IX Statement of Functional Expenses**

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

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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,574,822.	1,574,822.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	144,253.	115,403.	21,638.	7,212.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	116,117.	92,894.	17,417.	5,806.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	11,208.	8,966.	1,681.	561.
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....	23,759.	15,443.	7,128.	1,188.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	27,720.		27,720.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	95,071.	95,071.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	369,543.	364,193.	5,350.	
<b>12</b> Advertising and promotion .....	45,262.	45,262.		
<b>13</b> Office expenses .....	14,107.	7,759.	6,348.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	43,605.	8,721.	34,884.	
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	7,745.	4,337.	3,408.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	114.	74.	34.	6.
<b>23</b> Insurance .....	1,312.	853.	459.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BOARD EXPENSE</b>	29,564.		29,564.	
<b>b</b> <b>CONTRACTED SERVICES</b>	28,890.	6,356.	22,534.	
<b>c</b> <b>MISCELLANEOUS</b>	17,854.	7,894.	9,622.	338.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2,550,946.	2,348,048.	187,787.	15,111.
<b>26</b> <b>Joint costs.</b> 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)

THE COMMUNITY FOUNDATION OF SOUTH PUGET  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	99,946.	<b>1</b>	9,480.
	<b>2</b> Savings and temporary cash investments .....	54,967.	<b>2</b>	55,419.
	<b>3</b> Pledges and grants receivable, net .....	1,296.	<b>3</b>	47,500.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	5,104.	<b>9</b>	5,221.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 11,657.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 11,657.	<b>10c</b>	0.
	<b>11</b> Investments - publicly traded securities .....	22,919,302.	<b>11</b>	26,891,703.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,790.	<b>15</b>	2,790.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	23,083,519.	<b>16</b>	27,012,113.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	225,902.	<b>17</b>	36,959.
	<b>18</b> Grants payable .....	66,500.	<b>18</b>	68,750.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,249,666.	<b>25</b>	1,558,813.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,542,068.	<b>26</b>	1,664,522.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	21,541,451.	<b>27</b>	25,300,091.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	47,500.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	21,541,451.	<b>32</b>	25,347,591.
<b>33</b> Total liabilities and net assets/fund balances .....	23,083,519.	<b>33</b>	27,012,113.	

Form 990 (2019)

**THE COMMUNITY FOUNDATION OF SOUTH PUGET  
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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,008,604.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,550,946.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	457,658.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	21,541,451.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,154,982.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	193,500.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	25,347,591.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	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 on Schedule O.	<b>X</b>	
<b>3a</b>	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? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF SOUTH PUGET SOUND** Employer identification number **94-3121390**

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

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

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

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

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1528395.	1034339.	871,773.	6673575.	1357420.	11465502.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1528395.	1034339.	871,773.	6673575.	1357420.	11465502.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						11465502.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	1528395.	1034339.	871,773.	6673575.	1357420.	11465502.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	347,068.	319,478.	392,783.	459,842.	629,422.	2148593.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						13614095.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,608,264.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	84.22 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	85.23 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

THE COMMUNITY FOUNDATION OF SOUTH PUGET

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

PART VI

OTHER INCOME CONSISTS OF PROGRAM ADMINISTRATIVE FEE INCOME.

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** THE COMMUNITY FOUNDATION OF SOUTH PUGET SOUND  
**Employer identification number** 94-3121390

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	43	61
2 Aggregate value of contributions to (during year) .....	211,816.	1,027,602.
3 Aggregate value of grants from (during year) .....	385,709.	1,189,113.
4 Aggregate value at end of year .....	11,798,851.	13,328,402.
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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - 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" on 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    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,945,135.	14,911,629.	13,228,075.	12,510,886.	12,907,268.
b Contributions	488,963.	6,477,115.	355,741.	319,877.	468,994.
c Net investment earnings, gains, and losses	3,913,604.	-1,374,983.	2,181,332.	1,111,451.	-105,026.
d Grants or scholarships	739,001.	689,234.	558,551.	446,560.	445,916.
e Other expenditures for facilities and programs					
f Administrative expenses	401,924.	379,392.	294,968.	267,579.	314,434.
g End of year balance	22,206,777.	18,945,135.	14,911,629.	13,228,075.	12,510,886.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100.00 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on 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:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		11,657.	11,657.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

**THE COMMUNITY FOUNDATION OF SOUTH PUGET  
SOUND**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>FUNDS HELD FOR OTHER AGENCIES</b>	<b>1,558,813.</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,558,813.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...





**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>THE COMMUNITY FOUNDATION OF SOUTH PUGET SOUND</b>	Employer identification number <b>94-3121390</b>
--	---

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2 a** 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 10 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			
<b>Total</b> .....				▶		

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

THE COMMUNITY FOUNDATION OF SOUTH PUGET

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	72,876.		72,876.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	72,876.		72,876.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	26,552.		26,552.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			26,552.
11	Net income summary. Subtract line 10 from line 3, column (d)			46,324.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct 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: \_\_\_\_\_

THE COMMUNITY FOUNDATION OF SOUTH PUGET

Schedule G (Form 990 or 990-EZ) 2019 SOUND

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- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	13a	%
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 ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 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 ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** 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 provide any additional information. See instructions.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF SOUTH PUGET  
SOUND**

**Employer identification number  
94-3121390**

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A GIFT FOR SPECIAL CHILDREN PO BOX 193 MATLOCK, WA 98560	91-1523278		3,786.	0.			OPERATIONAL FUNDS
ANGELS FOR ANGELS 12704 8TH AVE SW SEATTLE, WA 98146	27-5180670		5,000.	0.			OPERATIONAL FUNDS
ARBUTUS FOLK SCHOOL 120 STATE AVENUE NE #303 OLYMPIA, WA 98501	46-3046450		1,983.	0.			OPERATIONAL FUNDS
BALLET NORTHWEST PO BOX 2888 OLYMPIA, WA 98507-2888	23-7123399		2,500.	0.			OPERATIONAL FUNDS
BEST DENTAL HELP 25965 TYTLER RD NE POULSBO, WA 98370-9102	82-1746267		8,000.	0.			OPERATIONAL FUNDS
BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON - 2424 HERITAGE COURT SW, SUITE 302 - OLYMPIA, WA 98502	91-1225443		4,000.	0.			OPERATIONAL FUNDS

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

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

**Schedule I (Form 990) (2019)**

THE COMMUNITY FOUNDATION OF SOUTH PUGET  
SOUND

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLAINE COUNTY RECREATION DISTRICT 1050 FOX ACRES RD STE 107 HAILEY, ID 83333	82-0336498		250.	0.			OPERATIONAL FUNDS
BOWDOIN COLLEGE 255 MAINE STREET BRUNSWICK, ME 04011	01-0215213		1,000.	0.			SCHOLARSHIP
BOYS & GIRLS CLUB OF CHEHALIS 2071 JACKSON HWY CHEHALIS, WA 98532	26-3482643		8,641.	0.			OPERATIONAL FUNDS
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND - 3875 SOUTH 66TH ST, STE 101 - TACOMA, WA 98409	91-0759832		5,000.	0.			OPERATIONAL FUNDS
BOYS & GIRLS CLUBS OF THURSTON COUNTY - 2424 HERITAGE CT SW STE 301 - OLYMPIA, WA 98502	91-2124629		30,822.	0.			OPERATIONAL FUNDS
CAPITOL LAND TRUST 4405 7TH AVE SE STE 306 LACEY, WA 98503	91-1413484		18,298.	0.			OPERATIONAL FUNDS
CAREER PATH SERVICES 10 N POST ST STE 200 SPOKANE, WA 99201	91-1032846		1,500.	0.			OPERATIONAL FUNDS
CASCADE, A BEHAVIORAL HEALTH CARE AGENCY - 209 WEST MAIN STREET - CENTRALIA, WA 98531	91-0836093		10,000.	0.			OPERATIONAL FUNDS
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992		1,000.	0.			SCHOLARSHIP

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF SOUTH PUGET  
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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON - 1323 S YAKIMA AVE - TACOMA, WA 98405	91-1585652		11,291.	0.			OPERATIONAL FUNDS
CENTRAL WASHINGTON UNIVERSITY 400 E UNIVERSITY WAY ELLENSBURG, WA 98926-7463	23-7017467		8,000.	0.			SCHOLARSHIP
CENTRALIA COLLEGE FOUNDATION 600 CENTRALIA COLLEGE BLVD CENTRALIA, WA 98531-4099	91-1195403		27.	0.			OPERATIONAL FUNDS
CENTRALIA DOWNTOWN ASSOCIATION PO BOX 391 CENTRALIA, WA 98531	26-1128043		3,500.	0.			OPERATIONAL FUNDS
CHAPLAINS ON THE HARBOR PO BOX 1248 WESTPORT, WA 98595	81-1685580		20,000.	0.			OPERATIONAL FUNDS
CHEHALIS FOUNDATION PO BOX 1608 CHEHALIS, WA 98532	51-1148560		10,550.	0.			OPERATIONAL FUNDS
CHEHALIS RIVER BASIN LAND TRUST PO BOX 563 CENTRALIA, WA 98531	94-3215799		7,359.	0.			OPERATIONAL FUNDS
CHEHALIS TRIBAL LOAN FUND PO BOX 536 OAKVILLE, WA 98568	21-0177378		3,706.	0.			OPERATIONAL FUNDS
CHILD CARE ACTION COUNCIL 3729 GRIFFIN LANE SE OLYMPIA, WA 98501	91-1373181		9,481.	0.			OPERATIONAL FUNDS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF SOUTH PUGET  
SOUND

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF LIVING WATER 1615 CHAMBERS ST SE OLYMPIA, WA 98501	91-1074612		2,500.	0.			OPERATIONAL FUNDS
CIELO 1601 NORTH STREET SE OLYMPIA, WA 98501	91-1728671		18,705.	0.			OPERATIONAL FUNDS
CLAFLIN UNIVERSITY 400 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0314374		2,000.	0.			SCHOLARSHIP
COASTAL HARVEST 520 TYLER ST HOQUIAM, WA 98550	94-3252669		2,500.	0.			OPERATIONAL FUNDS
COMMUNITY ACTION COUNCIL OF LEWIS, MASON & THURSTON COUNTIES - 3020 WILLAMETTE DR NE - LACEY, WA 98516	91-0818368		23,085.	0.			OPERATIONAL FUNDS
COMMUNITY CAFE COLLABORATIVE 1134 84TH STREET SEATTLE, WA 98103	81-4800922		7,500.	0.			OPERATIONAL FUNDS
COMMUNITY LIFELINE PO BOX 698 SHELTON, WA 98584-0698	46-4731341		1,919.	0.			OPERATIONAL FUNDS
COMMUNITY YOUTH SERVICES 711 STATE AVENUE NE OLYMPIA, WA 98506	91-0859922		20,414.	0.			OPERATIONAL FUNDS
CONCERN FOR ANIMALS 1414 STATE AVENUE NE OLYMPIA, WA 98506	91-1135340		28,817.	0.			OPERATIONAL FUNDS

Schedule I (Form 990)



THE COMMUNITY FOUNDATION OF SOUTH PUGET  
SOUND

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVATORY OF RECORDING ARTS & SCIENCES - 1205 NORTH FIESTA BLVD - GILBERT, AZ 85233	86-0666487		2,000.	0.			SCHOLARSHIP
CRISIS CLINIC OF THURSTON AND MASON COUNTIES - PO BOX 13453 - OLYMPIA, WA 98508-3453	26-4355586		5,000.	0.			OPERATIONAL FUNDS
DISPUTE RESOLUTION CENTER OF THURSTON COUNTY - 2604 12TH CT SW STE A-2 - OLYMPIA, WA 98502	94-3130662		5,000.	0.			OPERATIONAL FUNDS
EARTHBOUND PRODUCTIONS PO BOX 7192 OLYMPIA, WA 98507-7192	91-1692144		5,000.	0.			OPERATIONAL FUNDS
EMERALD CITY MUSIC PO BOX 31917 SEATTLE, WA 98103	47-4275662		2,940.	0.			OPERATIONAL FUNDS
ENTERPRISE FOR EQUITY PO BOX 1291 OLYMPIA, WA 98507	91-2011247		1,503.	0.			OPERATIONAL FUNDS
FAITH IN ACTION WEST SOUND 111 NE OLD BELFAIR HWY BELFAIR, WA 98528	02-0700148		9,562.	0.			OPERATIONAL FUNDS
FAMILY EDUCATION & SUPPORT SERVICES - 1202 BLACK LAKE BLVD STE B - OLYMPIA, WA 98502	91-2003171		4,519.	0.			OPERATIONAL FUNDS
FAMILY SUPPORT CENTER OF THE SOUTH SOUND - 3545 7TH AVE SW - OLYMPIA, WA 98502	91-2003828		11,246.	0.			OPERATIONAL FUNDS

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FIRE MOUNTAIN ARTS COUNCIL 233 WEST MAIN ST MORTON, WA 98356	42-1571555		10,222.	0.			OPERATIONAL FUNDS
FIRST WASHINGTON 21238 68TH AVE SOUTH KENT, WA 98032	45-2443839		4,627.	0.			OPERATIONAL FUNDS
FRED HUTCHINSON CANCER RESEACH CENTER - 1100 FAIRVIEW AVE N, MAIL STOP J5-200 - SEATTLE, WA 98109-1024	23-7156071		500.	0.			OPERATIONAL FUNDS
GARDEN-RAISED BOUNTY 2016 ELLIOTT AVENUE NW OLYMPIA, WA 98502	91-1594312		14,780.	0.			OPERATIONAL FUNDS
GEORGETOWN UNIVERSITY LOWER-LEVEL, WHITE GRAVENOR, 37TH AND O STREETS NW - WASHINGTON, DC 20057	53-0196603		2,000.	0.			SCHOLARSHIP
GIRL SCOUTS OF WESTERN WASHINGTON 5601 6TH AVE S STE 150 SEATTLE, WA 98108	91-6060940		3,500.	0.			OPERATIONAL FUNDS
GONZAGA UNIVERSITY 502 E BOONE AVE SPOKANE, WA 99202	91-0236600		1,500.	0.			SCHOLARSHIP
GRAND CANYON UNIVERSITY PO BOX 11097 PHOENIX, AZ 85061	20-3356009		4,000.	0.			SCHOLARSHIP
GREAT BEND CENTER FOR MUSIC PO BOX 501 UNION, WA 98592	82-1699863		6,951.	0.			OPERATIONAL FUNDS

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HANDS ON CHILDREN'S MUSEUM 414 JEFFERSON ST NE OLYMPIA, WA 98501-1124	91-1405065		12,776.	0.			OPERATIONAL FUNDS
HARLEQUIN PRODUCTIONS 202 4TH AVE E OLYMPIA, WA 98501	91-1478538		5,751.	0.			OPERATIONAL FUNDS
HARMONY HILL 7362 E STATE ROUTE 106 UNION, WA 98592	94-3050703		4,025.	0.			OPERATIONAL FUNDS
HEALTH AND HOPE MEDICAL OUTREACH 1911 COOKS HILL RD CENTRALIA, WA 98531	27-4432389		6,724.	0.			OPERATIONAL FUNDS
HEARTSTRIDES THERAPEUTIC RIDING 3500 85TH LN SW OLYMPIA, WA 98512	27-3559358		7,369.	0.			OPERATIONAL FUNDS
HISTORIC FOX THEATRE 123 S TOWER AVE CENTRALIA, WA 98531	26-2864037		13,607.	0.			OPERATIONAL FUNDS
HOMELESS BACKPACKS PO BOX 5505 LACEY, WA 98509	26-0380763		12,398.	0.			OPERATIONAL FUNDS
HOMES FIRST! 5203 LACEY BLVD SE STE A LACEY, WA 98503-7236	94-3124800		7,780.	0.			OPERATIONAL FUNDS
HOOD CANAL FOOD BANK PO BOX 995 HOODSPORT, WA 98548	91-1449048		4,000.	0.			OPERATIONAL FUNDS

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HOOD CANAL SALMON ENHANCEMENT GROUP - PO BOX 2169 - BELFAIR, WA 98528	91-1518294		7,819.	0.			OPERATIONAL FUNDS
HOSPICE & PALLIATIVE CARE OF THE WOOD RIVER VALLEY - 507 1ST AVE N - KETCHUM, ID 83340	82-0397698		250.	0.			OPERATIONAL FUNDS
INTERFAITH WORKS EMERGENCY OVERNIGHT SHELTER - PO BOX 1221 - OLYMPIA, WA 98507	91-0947698		13,500.	0.			OPERATIONAL FUNDS
ITHACA COLLEGE 953 DANBY RD ITHACA, NY 14850-7000	15-0532204		2,000.	0.			SCHOLARSHIP
KOKUA 1226 CARPENTER RD SE STE B-1 LACEY, WA 98503	91-1792867		13,641.	0.			OPERATIONAL FUNDS
LEWIS COUNTY AUTISM COALITION 450 NW PACIFIC AVE CHEHALIS, WA 98532	47-3931045		5,161.	0.			OPERATIONAL FUNDS
LINDENWOOD UNIVERSITY 209 S KINGSHIGHWAY SAINT CHARLES, MO 63301	43-0652649		4,000.	0.			SCHOLARSHIP
LONG LIVE THE KINGS 1326 5TH AVENUE STE 450 SEATTLE, WA 98101	91-1353982		5,000.	0.			OPERATIONAL FUNDS
LOTT ALLIANCE-REGIONAL SERVICES & WET CENTER - 500 ADAMS ST NE - OLYMPIA, WA 98501	91-2044617		1,473.	0.			OPERATIONAL FUNDS

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MARGARET MCKENNY ELEMENTARY SCHOOL 3250 MORSE-MERRYMAN AVENUE SE OLYMPIA, WA 98501	91-1614116		1,000.	0.			OPERATIONAL FUNDS
MASON COUNTY HOST 807 PINE ST SHELTON, WA 98584	47-5160205		8,000.	0.			OPERATIONAL FUNDS
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	91-1546525		2,000.	0.			OPERATIONAL FUNDS
MORNINGSIDE 809 LEGION WAY SE OLYMPIA, WA 98501-1518	91-0757099		5,000.	0.			OPERATIONAL FUNDS
NAMI THURSTON-MASON 4305 LACEY BLVD SE #28 LACEY, WA 98503	91-1362711		3,109.	0.			OPERATIONAL FUNDS
NATURE NURTURES FARM 2406 DELPHI RD SW OLYMPIA, WA 98512	46-1088037		381.	0.			OPERATIONAL FUNDS
NISQUALLY LAND TRUST 1420 MARVIN ROAD NE STE C PMB 243 LACEY, WA 98516-3878	91-1484518		13,730.	0.			OPERATIONAL FUNDS
NONPROFIT LEADERS CONFERENCE PO BOX 1843 OCEAN SHORES, WA 98569	46-3633874		2,000.	0.			OPERATIONAL FUNDS
NORTH MASON FRIENDS OF THE LIBRARY 23081 NE SR 3 BELFAIR, WA 98528	23-7146902		1,549.	0.			OPERATIONAL FUNDS

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NORTH MASON RESOURCES 140 NE STATE ROUTE 300 BELFAIR, WA 98528	27-1532961		1,797.	0.			OPERATIONAL FUNDS
NORTH THURSTON EDUCATION FOUNDATION - PO BOX 3312 - LACEY, WA 98509	91-1433235		10,500.	0.			OPERATIONAL FUNDS
NORTHWEST COOPERATIVE DEVELOPMENT CENTER - 407 4TH E STE 201 - OLYMPIA, WA 98501	91-1355457		8,249.	0.			OPERATIONAL FUNDS
NORTHWEST ECOBUILDING GUILD 120 STATE AVE NE #563 OLYMPIA, WA 98501	91-1658589		750.	0.			OPERATIONAL FUNDS
NORTHWEST KIDNEY CENTERS 700 BROADWAY SEATTLE, WA 98122	91-6057438		10,000.	0.			OPERATIONAL FUNDS
OLYECOSYSTEMS 1007 ROGERS ST NW OLYMPIA, WA 98502	47-1745539		7,384.	0.			OPERATIONAL FUNDS
OLYMPIA ART SPACE ALLIANCE 120 STATE AVE. #183 OLYMPIA, WA 98501	45-2670138		3,500.	0.			OPERATIONAL FUNDS
OLYMPIA COMMUNITY SOLAR 112 4TH AVE E #208 OLYMPIA, WA 98501	83-2686367		5,913.	0.			OPERATIONAL FUNDS
OLYMPIA FAMILY THEATER 612 4TH AVE E OLYMPIA, WA 98501	83-0465459		4,304.	0.			OPERATIONAL FUNDS

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OLYMPIA SCHOOL DISTRICT EDUCATION FOUNDATION - 1113 LEGION WAY SE - OLYMPIA, WA 98501	91-1914331		1,500.	0.			OPERATIONAL FUNDS
OLYMPIA SYMPHONY ORCHESTRA 3400 CAPITOL BLVD S STE 203 OLYMPIA, WA 98501	91-6087694		37,765.	0.			OPERATIONAL FUNDS
OLYMPIA TUMWATER FOUNDATION PO BOX 4098 OLYMPIA, WA 98501-0098	91-0741161		500.	0.			OPERATIONAL FUNDS
OLYMPIA UNION GOSPEL MISSION PO BOX 7668 OLYMPIA, WA 98507-7668	91-1680748		4,000.	0.			OPERATIONAL FUNDS
OLYMPIC COLLEGE FOUNDATION 1600 CHESTER AVE BREMERTON, WA 98337-1600	91-1595274		1,477.	0.			OPERATIONAL FUNDS
OLYMPIC TRIALS LEGACY COMMITTEE 6431 RICH RD SE OLYMPIA, WA 98501	91-1241788		2,000.	0.			OPERATIONAL FUNDS
OUTDOORS FOR OUR HEROES 7118 GLEN ANNIE LN SW OLYMPIA, WA 98512	81-1974750		3,000.	0.			OPERATIONAL FUNDS
PACIFIC EDUCATION INSTITUTE 724 COLUMBIA STREET NW #255 OLYMPIA, WA 98501	75-3108166		5,726.	0.			OPERATIONAL FUNDS
PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVENUE S TACOMA, WA 98447	91-0565571		1,000.	0.			SCHOLARSHIP

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PACIFIC SHELLFISH INSTITUTE 120 STATE AVENUE NE #1056 OLYMPIA, WA 98501	91-1703218		5,246.	0.			OPERATIONAL FUNDS
PANHANDLE LAKE 4-H ASSOCIATION 370 W PANHANDLE LAKE RD SHELTON, WA 98584	91-0892824		4,616.	0.			OPERATIONAL FUNDS
PANORAMA 1751 CIRCLE LANE SE LACEY, WA 98503	94-3048988		10,000.	0.			OPERATIONAL FUNDS
PARC FOUNDATION OF THURSTON COUNTY 723 EASTSIDE STREET NE OLYMPIA, WA 98512	91-1928020		8,190.	0.			OPERATIONAL FUNDS
PIERCE COUNTY AIDS FOUNDATION 2101 4TH AVE E #103 OLYMPIA, WA 98506	91-1385245		16,364.	0.			OPERATIONAL FUNDS
PIZZA KLATCH 1311 4TH AVE E OLYMPIA, WA 98506	94-3202727		5,000.	0.			OPERATIONAL FUNDS
POPE JOHN PAUL II HIGH SCHOOL 5608 PACIFIC AVENUE SE OLYMPIA, WA 98506	20-2120915		8,000.	0.			OPERATIONAL FUNDS
POPE'S KIDS PLACE 230 WASHINGTON WAY LACEY, WA 98503-1258	91-1685519		500.	0.			OPERATIONAL FUNDS
PROVIDENCE ST. PETER FOUNDATION 413 LILLY ROAD NE CENTRALIA, WA 98531	91-1097056		20,000.	0.			OPERATIONAL FUNDS

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QUIXOTE COMMUNITIES 3350 MOTTMAN RD SW OLYMPIA, WA 98506-5166	32-0243330		14,508.	0.			OPERATIONAL FUNDS
RELIABLE ENTERPRISES PO BOX 870 CENTRALIA, WA 98531	91-1040643		7,200.	0.			OPERATIONAL FUNDS
ROCHESTER ORGANIZATION OF FAMILIES 10140 HIGHWAY 12 SW ROCHESTER, WA 98579	77-0620956		12,633.	0.			OPERATIONAL FUNDS
ROTARY CLUB OF WEST OLYMPIA PO BOX 1781 OLYMPIA, WA 98507-1781	91-1154673		4,000.	0.			OPERATIONAL FUNDS
RURAL DEVELOPMENT INITIATIVES 150 SHELTON-MCMURPHEY BLVD, STE 201 EUGENE, OR 97401	93-1073746		25,500.	0.			OPERATIONAL FUNDS
SAFEPLACE PO BOX 2002 OLYMPIA, WA 98507	91-1153988		10,439.	0.			OPERATIONAL FUNDS
SAINT MARTIN'S UNIVERSITY 5000 ABBEY WAY SE LACEY, WA 98503-7500	91-0564993		15,874.	0.			OPERATIONAL FUNDS
SEATTLE PACIFIC UNIVERSITY 3307 THIRD AVENUE WEST, SUITE 113 SEATTLE, WA 98119-1922	91-0565553		3,000.	0.			SCHOLARSHIP
SEATTLE UNIVERSITY PO BOX 222000 SEATTLE, WA 98122-1090	91-0565006		2,000.	0.			SCHOLARSHIP

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SENIOR SERVICES FOR SOUTH SOUND 222 COLUMBIA STREET NW OLYMPIA, WA 98501	91-0907573		37,500.	0.			OPERATIONAL FUNDS
SHELTON SKOOKUM ROTARY CLUB FOUNDATION - PO BOX 849 - SHELTON, WA 98584	91-1653548		5,000.	0.			OPERATIONAL FUNDS
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239-3009	36-2193608		7,500.	0.			OPERATIONAL FUNDS
SIDEWALK 1139 5TH AVENUE SE OLYMPIA, WA 98501	47-1579047		26,012.	0.			OPERATIONAL FUNDS
SOCIETY OF ST. VINCENT DE PAUL, CENTRAL CASCADES - 14722 119TH WAY ES - YELM, WA 98597	46-4784526		2,500.	0.			OPERATIONAL FUNDS
SOUND LEARNING 133 RAILROAD AVE SHELTON, WA 98584	91-1518739		12,001.	0.			OPERATIONAL FUNDS
SOUTH BEACH CHRISTIAN OUTREACH 617 S FOREST ST WESTPORT, WA 98595	91-1866846		30,000.	0.			OPERATIONAL FUNDS
SOUTH OF THE SOUND COMMUNITY FARM LAND TRUST - PO BOX 12118 - OLYMPIA, WA 98508	91-1956115		12,221.	0.			OPERATIONAL FUNDS
SOUTH PUGET SOUND COMMUNITY COLLEGE - 2011 MOTTMAN RD SW - OLYMPIA, WA 98512-6218	91-1409321		3,500.	0.			SCHOLARSHIP

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SOUTH PUGET SOUND COMMUNITY COLLEGE FOUNDATION - 2011 MOTTMAN RD SW - OLYMPIA, WA 98512-6218	91-1174940		8,483.	0.			OPERATIONAL FUNDS
SOUTH PUGET SOUND COMMUNITY COLLEGE FOUNDATION - 2011 MOTTMAN RD SW - OLYMPIA, WA 98512-6218	91-1174940		10,900.	0.			SCHOLARSHIP
SOUTH PUGET SOUND HABITAT FOR HUMANITY - 711 CAPITOL WAY SOUTH STE 401 - OLYMPIA, WA 98501	91-1914868		4,466.	0.			OPERATIONAL FUNDS
SOUTH PUGET SOUND SALMON ENHANCEMENT GROUP - 6700 MARTIN WAY E STE 112 - OLYMPIA, WA 98516	91-1519762		4,021.	0.			OPERATIONAL FUNDS
SOUTH SOUND PARENT TO PARENT 2108 CATON WAY SW OLYMPIA, WA 98502	91-1496512		7,198.	0.			OPERATIONAL FUNDS
SOUTH SOUND PARTNERS FOR PHILANTHROPY - PO BOX 4182 - TUMWATER, WA 98501-0182	42-1655629		1,000.	0.			OPERATIONAL FUNDS
SOUTH SOUND PLANNED GIVING COUNCIL 1148 BROADWAY, STE 100 TACOMA, WA 98402	75-3205248		1,250.	0.			OPERATIONAL FUNDS
SOUTH SOUND READING FOUNDATION 305 COLLEGE ST NE OLYMPIA, WA 98516	91-2091907		6,988.	0.			OPERATIONAL FUNDS
SOUTH SOUND ROOTS ACADEMY PO BOX 4103 TUMWATER, WA 98501	46-4297591		17,024.	0.			OPERATIONAL FUNDS

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SOUTH SOUND YMCA 2102 CARRIAGE DR SW BLDG K OLYMPIA, WA 98502	91-0586473		14,000.	0.			OPERATIONAL FUNDS
SOUTHERN ADVENTIST UNIVERSITY 4881 TAYLOR CIR COLLEGE DALE, TN 37315	62-0536733		1,000.	0.			SCHOLARSHIP
STONEWALL YOUTH PO BOX 7383 OLYMPIA, WA 98507	94-3202727		5,000.	0.			OPERATIONAL FUNDS
STUDENT ORCHESTRAS OF GREATER OLYMPIA - 1629 22ND AVENUE SE - OLYMPIA, WA 98501-1438	91-2079223		13,430.	0.			OPERATIONAL FUNDS
TENINO COMMUNITY SERVICE CENTER PO BOX 1239 TENINO, WA 98589	91-2144590		2,000.	0.			OPERATIONAL FUNDS
THE BRIDGE MUSIC PROJECT 120 STATE AVE NE #1417 OLYMPIA, WA 98501	82-1633999		7,930.	0.			OPERATIONAL FUNDS
THE CENTER FOR NATURAL LANDS MANAGEMENT - 27258 VIA INDUSTRIA STE B - TEMECULA, CA 92590	68-0233573		2,500.	0.			OPERATIONAL FUNDS
THE EVERGREEN STATE COLLEGE FOUNDATION - 2700 EVERGREEN PARKWAY NW - OLYMPIA, WA 98505	91-0981488		1,137.	0.			OPERATIONAL FUNDS
THE HISPANIC ROUNDTABLE PO BOX 6368 OLYMPIA, WA 98507	38-3728119		8,681.	0.			OPERATIONAL FUNDS

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THE HUNGER COALITION 121 HONEYSUCKLE ST BELLEVUE, ID 83313	72-1582755		1,000.	0.			OPERATIONAL FUNDS
THE MAYDAY FOUNDATION 3403 STEAMBOAT ISLAND ROAD NW #337 OLYMPIA, WA 98502	82-3914026		21,640.	0.			OPERATIONAL FUNDS
THE MOCKINGBIRD SOCIETY 2100 24TH AVE S STE 240 SEATTLE, WA 98144	91-2051340		6,000.	0.			OPERATIONAL FUNDS
THE OLYMPIA FREE CLINIC 108 STATE AVE NW OLYMPIA, WA 98501	27-1606329		14,336.	0.			OPERATIONAL FUNDS
THE OLYMPIA PEACE CHOIR PO BOX 6354 OLYMPIA, WA 98507	27-3496505		1,034.	0.			OPERATIONAL FUNDS
THE SAINTS' PANTRY FOOD BANK 214 S SECOND STREET SHELTON, WA 98584	27-0386653		4,000.	0.			OPERATIONAL FUNDS
THURSTON CLIMATE ACTION TEAM PO BOX 13324 OLYMPIA, WA 98508	27-0749507		14,330.	0.			OPERATIONAL FUNDS
THURSTON COUNTY CHAMBER FOUNDATION PO BOX 1427 OLYMPIA, WA 98507	91-1543494		1,600.	0.			OPERATIONAL FUNDS
THURSTON COUNTY FOOD BANK 220 THURSTON AVE NE OLYMPIA, WA 98501	23-7297837		28,933.	0.			OPERATIONAL FUNDS

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THURSTON COUNTY SCHOOL RETIREES ASSOCIATION - PO BOX 3051 - LACEY, WA 98509	91-1213060		7,000.	0.			OPERATIONAL FUNDS
THURSTON COUNTY VOLUNTEER LEGAL SERVICES - PO BOX 405 - OLYMPIA, WA 98507-0405	91-1682766		5,500.	0.			OPERATIONAL FUNDS
THURSTON ECONOMIC DEVELOPMENT COUNCIL - 4220 6TH AVE SE - LACEY, WA 98503	91-1561600		5,218.	0.			OPERATIONAL FUNDS
THURSTON HOUSING LAND TRUST PO BOX 303 OLYMPIA, WA 98507	83-0744308		2,500.	0.			OPERATIONAL FUNDS
TOGETHER! 1520-A IRVING STREET SW TUMWATER, WA 98512	91-1465778		16,390.	0.			OPERATIONAL FUNDS
TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172-1776	20-3021444		2,000.	0.			OPERATIONAL FUNDS
TUMWATER SCHOOL DISTRICT 621 LINWOOD AVE SW TUMWATER, WA 98512	91-0936197		500.	0.			OPERATIONAL FUNDS
TURNING POINTE SURVIVOR ADVOCACY CENTER - PO BOX 2014 - SHELTON, WA 98584	91-2024833		10,000.	0.			OPERATIONAL FUNDS
TVW 1058 CAPITOL WAY S OLYMPIA, WA 98501	91-1597601		7,827.	0.			OPERATIONAL FUNDS

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LEWIS COUNTY 450 NW PACIFIC AVENUE CHEHALIS, WA 98532	91-0715071		7,000.	0.			OPERATIONAL FUNDS
UNITED WAY OF THURSTON COUNTY 3525 7TH AVE SW OLYMPIA, WA 98502	91-0713462		3,690.	0.			OPERATIONAL FUNDS
UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD BOX 3 TUCSON, AZ 85719-0521	74-2652689		500.	0.			SCHOLARSHIP
UNIVERSITY OF WASHINGTON PO BOX 24967 SEATTLE, WA 98195	91-6001537		38,000.	0.			SCHOLARSHIP
WASHINGTON CENTER FOR THE PERFORMING ARTS - 512 WASHINGTON STREET SE - OLYMPIA, WA 98501	91-1182866		9,000.	0.			OPERATIONAL FUNDS
WASHINGTON NONPROFITS 120 STATE AVE #303 OLYMPIA, WA 98501	27-1768789		5,000.	0.			OPERATIONAL FUNDS
WASHINGTON STATE SENIOR GAMES PO BOX 1487 OLYMPIA, WA 98507	91-2073918		1,500.	0.			OPERATIONAL FUNDS
WASHINGTON STATE UNIVERSITY PO BOX 641039 PULLMAN, WA 99164-1039	91-6001108		4,000.	0.			SCHOLARSHIP
WESTERN WASHINGTON UNIVERSITY 516 HIGH ST, OLD MAIN 110 BELLINGHAM, WA 98225-9004	91-6000562		28,000.	0.			SCHOLARSHIP

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF SOUTH PUGET  
SOUND

Schedule I (Form 990)

94-3121390

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHATCOM COMMUNITY FOUNDATION 1500 CORNWALL AVE STE 202 BELLINGHAM, WA 98225	91-1726410		1,000.	0.			OPERATIONAL FUNDS
WHITWORTH UNIVERSITY 300 W HAWTHORNE RD SPOKANE, WA 99251	91-0473310		2,000.	0.			SCHOLARSHIP
WILD GRIEF 1827 ARBUTUS ST NE OLYMPIA, WA 98506	47-5471208		13,958.	0.			OPERATIONAL FUNDS
WINLOCK VADER FOOD BANK PO BOX 304 WINLOCK, WA 98596	46-4465558		2,500.	0.			OPERATIONAL FUNDS
WOOD RIVER COMMUNITY ORCHESTRA INC PO BOX 294 KETCHUM, ID 83340	35-2338003		250.	0.			OPERATIONAL FUNDS
WOOD RIVER COMMUNITY YMCA 101 SADDLE RD KETCHUM, ID 83340	82-0481436		1,000.	0.			OPERATIONAL FUNDS
WOODLAND TRAIL GREENWAY ASSOCIATION - PO BOX 7054 - OLYMPIA, WA 98507-7054	91-1543207		2,379.	0.			OPERATIONAL FUNDS
WSU MASON COUNTY 4-H 303 N 4TH ST SHELTON, WA 98584	91-6036663		6,677.	0.			OPERATIONAL FUNDS
YELM DOLLARS FOR SCHOLARS PO BOX 837 YELM, WA 98597	41-1685332		10,825.	0.			OPERATIONAL FUNDS

Schedule I (Form 990)



THE COMMUNITY FOUNDATION OF SOUTH PUGET  
SOUND

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF OLYMPIA 220 UNION AVENUE SE OLYMPIA, WA 98501	91-0568718		12,590.	0.			OPERATIONAL FUNDS
WESTERN MICHIGAN UNIVERSITY 1903 W MICHIGAN AVE KALAMAZOO, MI 49008-5210	38-6007327		2,000.	0.			SCHOLARSHIP

THE COMMUNITY FOUNDATION OF SOUTH PUGET  
SOUND

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE COMMUNITY FOUNDATION OF SOUTH PUGET SOUND** Employer identification number **94-3121390**

**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	8	243,366.	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**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2019



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF SOUTH PUGET SOUND	Employer identification number	94-3121390
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FORM 990, PART VI, SECTION A, LINE 3:

AN OUTSIDE INVESTMENT MANAGER FUNCTIONS UNDER THE SUPERVISION AND OVERSIGHT  
OF THE ORGANIZATION'S FINANCIAL MANAGEMENT COMMITTEE AND INVESTMENT POLICY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ANNUAL FORM 990 IS REVIEWED BY KEY STAFF, AUDIT COMMITTEE AND BOARD  
MEMBERS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE ASKED TO STATE ANY CONFLICTS OF INTEREST PRIOR TO  
DISCUSSIONS AND PRIOR TO VOTING ON MATTERS IN WHICH THE ISSUE OF CONFLICTS  
MAY BE RELEVANT. ABSTENTIONS FROM VOTING ARE CALLED FOR AND NOTED IN THE  
MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS ESTABLISHED ANNUALLY BY THE  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS BASED ON A REVIEW OF  
COMPARABLE SALARY DATA.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FUND ADMINISTRATION EXPENSE:

PROGRAM SERVICE EXPENSES 364,193.

MANAGEMENT AND GENERAL EXPENSES 0.

Name of the organization THE COMMUNITY FOUNDATION OF SOUTH PUGET SOUND	Employer identification number 94-3121390
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 364,193.

CONSULTANTS:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 5,350.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,350.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 369,543.

PART XII LINE 2C

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ASSIGNS AN AUDIT  
 COMMITTEE TO ASSUME RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDITED  
 FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF SOUTH PUGET SOUND** Employer identification number **94-3121390**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TCFSPS-PROPERTIES, LLC 212 UNION AVE SE SUITE 102 OLYMPIA, WA 98501	LLC FOR RECEIVING AND HOLDING FOR SALE, REAL PROPERTY CONTRIBUTIONS	WASHINGTON			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2019

THE COMMUNITY FOUNDATION OF SOUTH PUGET

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

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

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

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



**THE COMMUNITY FOUNDATION OF SOUTH PUGET  
SOUND**

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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

**THE COMMUNITY FOUNDATION OF SOUTH PUGET  
SOUND**

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

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

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

