

Return of Organization Exempt From Income Tax

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

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

2024**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning , 2024 , and ending , 20	
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	C The Community Foundation of South Puget Sound 212 Union Ave SE #102 Olympia, WA 98501
D Employer identification number 94-3121390	E Telephone number 360-705-3340
G Gross receipts \$ 54,215,227.	
F Name and address of principal officer: Mindie Reule Same As C Above	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
I Tax-exempt status: <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	
J Website: www.thecommunityfoundation.com	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Year of formation: 1989	M State of legal domicile: WA

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To grow a lasting culture of generosity and well-being in the South Puget Sound through connection, leadership, and investment.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a)..... 3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 16
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)..... 5 7
	6 Total number of volunteers (estimate if necessary)..... 6 52
	7a Total unrelated business revenue from Part VIII, column (C), line 12..... 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11..... 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)..... Prior Year 2,540,514. Current Year 6,760,550.
	9 Program service revenue (Part VIII, line 2g)..... 521,817. 609,020.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 1,085,279. 11,097,290.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 3,053. 23.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 4,150,663. 18,466,883.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 2,362,405. 4,145,680.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4).....
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 434,852. 506,394.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....
	b Total fundraising expenses (Part IX, column (D), line 25) 67,364.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 799,188. 934,787.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 3,596,445. 5,586,861.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12..... 554,218. 12,880,022.
	20 Total assets (Part X, line 16)..... Beginning of Current Year 38,752,707. End of Year 44,097,065.
	21 Total liabilities (Part X, line 26)..... 7,419,985. 7,504,979.
	22 Net assets or fund balances. Subtract line 21 from line 20..... 31,332,722. 36,592,086.

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer Mindie Reule Type or print name and title President & CEO
	Date
Paid Preparer Use Only	Preparer's name Zoe Joens, CPA
	Preparer's signature Zoe Joens, CPA
	Date 9/22/25
	Check <input type="checkbox"/> if self-employed PTIN P02389255
Firm's name JACOBSON LAWRENCE & ASSOCIATES PLLC	
Firm's address 200 FIRST AVENUE W SUITE 302 SEATTLE, WA 98119	
Firm's EIN 82-5419537	
Phone no. 206-728-2727	

May the IRS discuss this return with the preparer shown above? See instructions.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BAA For Paperwork Reduction Act Notice, see the separate instructions.	
TEEA0101L 12/12/24 Form 990 (2024)	

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☐**1** Briefly describe the organization's mission:

To grow a lasting culture of generosity and well-being in the South Puget Sound
through connection, leadership, and investment.

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 \$ 5,152,248. including grants of \$ 4,145,680.) (Revenue \$ 609,020.)

The Foundation inspires philanthropic efforts to make the South Puget Sound region a
stronger, more vibrant community for all. Individuals, corporations, and nonprofit
agencies contribute to funds that support a wide range of organizations that promote
education, cultural, health, social, and civic development. As the only local
organization designed to build permanent charitable resources and inspire
philanthropic efforts to broadly improve the health and wellbeing of our region, the
Foundation demonstrates a place-based focus on communities in Thurston, Mason and
Lewis counties. Community Foundation staff and volunteers bring deep local knowledge
of area nonprofits and community issues, grantmaking expertise, and an understanding
of effective philanthropy when advising donors.

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

The Foundation aims to support a wide range of nonprofit activities - from the arts
to basic needs to the environment - as well as to fund organizations that are
tackling tough challenges and strengthening what's working in our communities. Beyond
those basic measures, the Foundation identifies and funds critical community needs
and opportunities through its community engagement efforts. This scope of its mission
reflects the Foundation's ability to raise charitable funds and make grants and
scholarships for the benefit of the South Puget Sound region.

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 5,152,248.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	1a	12
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 7		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand. 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
If "Yes," complete Form 6069.		

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
1a Enter the number of voting members of the governing body at the end of the tax year.	1a 16		
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 Enter the number of voting members included on line 1a, above, who are independent.	1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X

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

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

Section C. Disclosure

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

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

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

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

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

Mindie Reule 212 Union Ave SE, 102 Olympia WA 98501 360-705-3340

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) Mindie Reule President & CEO	40 0		X				125,971.	0.	11,629.
(2) Teresa Loo Chair	2 0	X	X				0.	0.	0.
(3) Katie Rains Past Chair	2 0	X	X				0.	0.	0.
(4) Julie Cooke Vice Chair	2 0	X	X				0.	0.	0.
(5) Renee Radcliff Sinclair Secretary	2 0	X	X				0.	0.	0.
(6) Josh Deck Treasurer	2 0	X	X				0.	0.	0.
(7) Robert Bradley Director	1 0	X					0.	0.	0.
(8) Zahid Chaudry Director	1 0	X					0.	0.	0.
(9) Dan Jones Director	1 0	X					0.	0.	0.
(10) Craig Ottavelli Director	1 0	X					0.	0.	0.
(11) Todd Shobert Director	1 0	X					0.	0.	0.
(12) Charlie Terminelli Director	1 0	X					0.	0.	0.
(13) John Stormans Director	1 0	X					0.	0.	0.
(14) Katya Miltimore Director	1 0	X					0.	0.	0.

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TEEA0107L 09/05/24

Form 990 (2024)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Nicole Miller Director	1 0	X						0.	0.	0.
(16) Courtney Prothero Director	1 0	X						0.	0.	0.
(17) Alejandro Sanchez Director	1 0	X						0.	0.	0.
(18) Austin Ramirez Director	1 0	X						0.	0.	0.
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal 125,971. 0. 11,629.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 125,971. 0. 11,629.

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 1

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

	Yes	No
3		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? If "Yes," complete Schedule J for such individual

4		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? If "Yes," complete Schedule J for such person

5		X
----------	--	---

Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns.....	1a				
	b	Membership dues.....	1b				
	c	Fundraising events.....	1c				
	d	Related organizations.....	1d				
	e	Government grants (contributions)....	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above...	1f	6,760,550.			
	g	Noncash contributions included in lines 1a-1f.....	1g	163,238.			
	h	Total. Add lines 1a-1f.....		6,760,550.			
	Program Service Revenue	Business Code					
2a		Administrative Fees	561000	609,020.	609,020.		
b							
c							
d							
e							
f		All other program service revenue...					
g		Total. Add lines 2a-2f.....		609,020.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).....		1,400,491.		1,400,491.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties.....					
	6a	Gross rents.....	(i) Real	(ii) Personal			
		6a					
		b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss).....					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	45445143.				
		b	Less: cost or other basis and sales expenses	7b	35748344.		
	c	Gain or (loss).....	7c	9,696,799.			
	d	Net gain or (loss).....		9,696,799.		9,696,799.	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	8a				
		b	Less: direct expenses.....	8b			
	c	Net income or (loss) from fundraising events.....					
	9a	Gross income from gaming activities. See Part IV, line 19.....	9a				
b		Less: direct expenses.....	9b				
c	Net income or (loss) from gaming activities.....						
10a	Gross sales of inventory, less returns and allowances.....	10a					
	b	Less: cost of goods sold....	10b				
c	Net income or (loss) from sales of inventory.....						
Miscellaneous Revenue	Business Code						
	11a	Miscellaneous	900099	23.		23.	
	b						
	c						
	d	All other revenue.....					
	e	Total. Add lines 11a-11d.....		23.			
12	Total revenue. See instructions.....		18,466,883.	609,020.	0.	11,097,313.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,145,680.	4,145,680.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	137,600.	55,040.	68,800.	13,760.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	292,863.	202,002.	68,696.	22,165.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,719.	5,927.	1,258.	534.
9 Other employee benefits.	32,555.	20,698.	9,246.	2,611.
10 Payroll taxes.	35,657.	21,486.	11,211.	2,960.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	28,974.	22,450.	6,524.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	112,081.		112,081.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	13,594.	3,202.	6,859.	3,533.
12 Advertising and promotion.	14,201.	8,557.	4,465.	1,179.
13 Office expenses.	61,320.	36,951.	19,279.	5,090.
14 Information technology.				
15 Royalties.				
16 Occupancy.	43,530.	26,231.	13,686.	3,613.
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	9,544.	5,751.	3,001.	792.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Fund Admin Fees	517,497.	517,497.		
b Community Engagement	130,554.	78,672.	41,046.	10,836.
c Other	3,492.	2,104.	1,097.	291.
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	5,586,861.	5,152,248.	367,249.	67,364.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	459,951.	1	25,159.
	2 Savings and temporary cash investments	56,610.	2	647,051.
	3 Pledges and grants receivable, net	4,100.	3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,701.	9	3,934.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,657.		
	b Less: accumulated depreciation	10b 11,657.	10c	
	11 Investments — publicly traded securities	38,224,555.	11	43,418,131.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,790.	15	2,790.
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,752,707.	16	44,097,065.	
Liabilities	17 Accounts payable and accrued expenses	26,238.	17	42,519.
	18 Grants payable	74,333.	18	9,667.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,319,414.	25	7,452,793.
	26 Total liabilities. Add lines 17 through 25	7,419,985.	26	7,504,979.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	31,328,622.	27	36,592,086.
	28 Net assets with donor restrictions	4,100.	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances.	31,332,722.	32	36,592,086.	
33 Total liabilities and net assets/fund balances.	38,752,707.	33	44,097,065.	

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

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	18,466,883.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	5,586,861.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	12,880,022.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	31,332,722.
5	Net unrealized gains (losses) on investments.....	5	-7,620,658.
6	Donated services and use of facilities.....	6	
7	Investment expenses.....	7	
8	Prior period adjustments.....	8	
9	Other changes in net assets or fund balances (explain on Schedule O).....	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).....	10	36,592,086.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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TEEA0112L 09/05/24

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,551,891.	2,467,316.	2,244,580.	2,540,514.	6,760,550.	17,564,851.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	3,551,891.	2,467,316.	2,244,580.	2,540,514.	6,760,550.	17,564,851.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						5,406,229.
6 Public support. Subtract line 5 from line 4.						12,158,622.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	3,551,891.	2,467,316.	2,244,580.	2,540,514.	6,760,550.	17,564,851.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	570,970.	664,149.	704,156.	1,023,500.	1,400,491.	4,363,266.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.		26,788.	24,061.			50,849.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.		9,280.	8,806.	34,187.	23.	52,296.
11 Total support. Add lines 7 through 10.						22,031,262.
12 Gross receipts from related activities, etc. (see instructions).					12	2,612,765.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).	14	55.19 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.	15	67.75 %
16a 33-1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests—2024. 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—2023.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

BAA

Schedule A (Form 990) 2024

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

BAA

Schedule A (Form 990) 2024

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 II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
Other	\$ 23.	\$ 34,187.	\$ 8,806.	\$ 9,280.	
Total	<u>\$ 23.</u>	<u>\$ 34,187.</u>	<u>\$ 8,806.</u>	<u>\$ 9,280.</u>	<u>\$ 0.</u>

Schedule B
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization The Community Foundation of South Puget Sound	Employer identification number 94-3121390
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization

The Community Foundation of South Puget

Employer identification number

94-3121390

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 240,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,326,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

The Community Foundation of South Puget

Employer identification number

94-3121390

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

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

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**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	32	94
2 Aggregate value of contributions to (during year)	225,286.	6,567,017.
3 Aggregate value of grants from (during year)	254,576.	4,521,790.
4 Aggregate value at end of year	2,370,267.	34,221,819.

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

Part II Conservation Easements

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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 on line 2a. | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register. | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____
- 4 Number of states where property subject to conservation easement is located _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ _____
- 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 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.

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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 in 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	26,050,600.	23,190,271.	27,739,932.	25,023,692.	21,547,509.
b Contributions	5,951,107.	1,216,804.	1,462,280.	5,109,519.	5,323,176.
c Net investment earnings, gains, and losses	3,064,023.	4,295,649.	-2,873,187.	562,034.	482,256.
d Grants or scholarships		2,362,405.	2,882,210.	2,416,733.	1,891,870.
e Other expenditures for facilities and programs				0.	
f Administrative expenses	4,120,829.	289,719.	256,544.	538,580.	437,379.
g End of year balance	30,944,901.	26,050,600.	23,190,271.	27,739,932.	25,023,692.

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:

(i) Unrelated organizations? **3a(i)** ☐ **Yes** ☒ **No**

(ii) Related organizations? **3a(ii)** ☐ **Yes** ☒ **No**

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

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

Part VI Land, Buildings, and Equipment

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				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

Part VII Investments – Other Securities

N/A

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) -----		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B)). . . .		

Part VIII Investments – Program Related

N/A

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

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

Part IX Other Assets

N/A

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

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

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) Funds held for others	7,452,793.
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).....		7,452,793.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements.....	1	18,466,883.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments.....	2a	
b	Donated services and use of facilities.....	2b	
c	Recoveries of prior year grants.....	2c	
d	Other (Describe in Part XIII.).....	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	18,466,883.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b	Other (Describe in Part XIII.).....	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.).....	5	18,466,883.

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

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

1	Total expenses and losses per audited financial statements.....	1	5,586,861.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities.....	2a	
b	Prior year adjustments.....	2b	
c	Other losses.....	2c	
d	Other (Describe in Part XIII.).....	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,586,861.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b	Other (Describe in Part XIII.).....	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.).....	5	5,586,861.

Part XIII Supplemental Information

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A Gift for Special Children PO Box 193 Matlock, WA 98560	91-1523278	501 (C) (3)	6,206.	0.			Operating
(2) All Kids Win PO Box 193 Lacey, WA 98509	26-0380763	501 (C) (3)	31,478.	0.			Operating
(3) Arbutus Folk School 120 State Avenue NE #303 Olympia, WA 98105	46-3046450	501 (C) (3)	13,709.	0.			Operating
(4) ASHHO 5757 Little Rock Rd SW #4 Tumwater, WA 98512	87-2163668	501 (C) (3)	5,250.	0.			Operating
(5) Ballet Northwest PO Box 2888 Olympia, WA 98505	23-7123399	501 (C) (3)	10,281.	0.			Operating
(6) Boys & Girls Club Chehalis 2071 Jackson Hwy Chehalis, WA 98532	26-3482643	501 (C) (3)	9,800.	0.			Operating
(7) Boys & Girls Club SPS 3875 South 66th, Ste 101 Tacoma, WA 98409	91-0759832	501 (C) (3)	5,300.	0.			Operating
(8) Boys & Girls Club Thurston 2102 Carriage Dr SW Olympia, WA 98502	91-2124629	501 (C) (3)	254,358.	0.			Operating

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table..... 121

3 Enter total number of other organizations listed in the line 1 table..... 0

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

TEEA3901L 11/13/24

Schedule I (Form 990) (Rev. 12-2024)

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV

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

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 12

Name of the organization

The Community Foundation of South Puget

Employer identification number

94-3121390

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Capital City Chorus 810 93rd Ave SE Olympia, WA 98501	82-3422573	501 (c) (3)	6,315.				Operating
Capitol Land Trust PO Box 14065 Tumwater, WA 98511	91-1413484	501 (C) (3)	152,973.				Operating
Catholic Community Services 1323 S Yakima Ave Tacoma, WA 98405	91-1585652	501 (C) (3)	6,929.				Operating
Central Washington University 400 E University Way Ellensburg, WA 98926	23-7017467	Government	8,000.				Operating
Chehalis Foundation Po Box 1608 Chehalis, WA 98532	51-1148560	501 (C) (3)	13,500.				Operating
Chehalis River Basin Trust PO Box 563 Centralia, WA 98531	94-3215799	501 (C) (3)	8,327.				Operating
Child Care Action Council 3729 Griffin Lane SE Olympia, WA 98501	91-1373181	501 (C) (3)	7,165.				Operating
CIELO 1601 North Street SE Olympia, WA 98501	47-1735338	501 (C) (3)	7,500.				Operating
CAC of Lewis, Mason, Thurston 3020 Willamette Dr NE Lacey, WA 98156	91-0818368	501 (C) (3)	5,176.				Operating
Community Resilience Initiat. PO Box 3237 Walla Walla, WA 99362	83-2485106	501 (C) (3)	12,400.				Operating

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for
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Continuation Page 2 of 12

Name of the organization

The Community Foundation of South Puget

Employer identification number

94-3121390

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Community Youth Services 711 State Avenue NE Olympia, WA 98506	91-0859922	501 (C) (3)	12,012.				Operating
Concern for Animals 1414 State Avenue NE Olympia, WA 98506	91-1135340	501 (C) (3)	95,657.				Operating
Covenant Creatures 855 Trosper Rd SW Ste 108-150 Tumwater, WA 98512	26-2336330	501 (C) (3)	30,000.				Operating
Dispute Resolution Center 2604 12th Ct SW, Ste A-2 Olympia, WA 98502	94-3130662	501 (C) (3)	9,951.				Operating
Eastern Washington University 202 Sutton Hall Cheney, WA 99009	91-6000624	Government	6,667.				Operating
Emerald City Music PO Box 31917 Seattle, WA 98103	47-4275662	501 (C) (3)	5,500.				Operating
Enterprise for Equity PO Box 1291 Olympia, WA 98507	91-2011247	501 (C) (3)	10,484.				Operating
Family Education & Support 6840 Capitol Blvd SE Tumwater, WA 98501	91-2003171	501 (C) (3)	70,101.				Operating
Family Support Center of SS 3545 7th Ave SW Suite 200 Olympia, WA 98502	91-2003828	501 (C) (3)	11,962.				Operating
Fire Mountain Arts Council 233 West Main St Morton, WA 98356	42-1571555	501 (C) (3)	15,000.				Operating

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for
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Continuation Page 3 of 12

Name of the organization

The Community Foundation of South Puget

Employer identification number

94-3121390

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>Garden-Raised Bounty</u> <u>2016 Elliot Avenue NW</u> <u>Olympia, WA 98502</u>	91-1594312	501 (C) (3)	30,686.				Operating
<u>Great Bend Center for Music</u> <u>PO Box 501</u> <u>Union, WA 98592</u>	82-1699863	501 (C) (3)	6,934.				Operating
<u>Griffin School Foundation</u> <u>6530 33rd Avenue NW</u> <u>Olympia, WA 98502</u>	45-4330799	501 (C) (3)	163,734.				Operating
<u>Hands On Children's Museum</u> <u>414 Jefferson St Ne</u> <u>Olympia, WA 98501</u>	91-1405065	501 (C) (3)	69,609.				Operating
<u>Hands On Personal Empowerment</u> <u>PO Box 3016</u> <u>Shelton, WA 98584</u>	81-3268006	501 (C) (3)	8,835.				Operating
<u>Harlequin Productions</u> <u>202 4th Ave E</u> <u>Olympia, WA 98501</u>	91-1478538	501 (C) (3)	27,457.				Operating
<u>Health Hope Medical Outreach</u> <u>1911 Cooks Hill Rd</u> <u>Centralia, WA 98531</u>	27-4432389	501 (C) (3)	5,962.				Operating
<u>HeartStrides Therapeutics</u> <u>3500 85th Ln SW</u> <u>Olympia, WA 98512</u>	27-3559358	501 (C) (3)	57,025.				Operating
<u>Homes First</u> <u>5203 Lacey Blvd SE, Ste A</u> <u>Lacey, WA 98503</u>	94-3124800	501 (C) (3)	35,239.				Operating
<u>Hood Canal Enhancement Group</u> <u>PO Box 2169</u> <u>Belfair, WA 98528</u>	91-1511829	501 (C) (3)	11,011.				Operating

Continuation Sheet for Schedule I (Form 990)

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Continuation Page 4 of 12

Name of the organization

The Community Foundation of South Puget

Employer identification number

94-3121390

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Interfaith Works Shelter PO Box 1221 Olympia, WA 98507	91-0947698	501(C)(3)	13,946.				Operating
Kokua 1226 Carpenter Rd SE Ste B-1 Lacey, WA 98503	91-1792867	501(C)(3)	15,739.				Operating
Lewis County Austism 308 SW 13th Chehalis, WA 98532	47-3931045	501(C)(3)	7,819.				Operating
Love Covers 17227 Pollard Ct SW Tenino, WA 98589	86-1898804	501(C)(3)	14,290.				Operating
Mason County HOST PO Box 337 Shelton, WA 98584	47-5160205	501(C)(3)	239,994.				Operating
Mason General Hospital Found. PO Box 1668 Shelton, WA 98584	91-1529293	501(C)(3)	9,413.				Operating
NAMI Thurston Mason 4305 Lacey Blvd SE #28 Lacey, WA 98503	91-1362711	501(C)(3)	6,250.				Operating
New Horizons 3350 Mottman Rd SW Olympia, WA 98512	91-1250114	501(C)(3)	7,694.				Operating
Nisqually Land Trust 1420 Marvin Road NE, Ste C PM Lacey, WA 98516	91-1484518	501(C)(3)	66,122.				Operating
Nisqually Reach Nature Center 4949 D'Milluhr Drive NE Olympia, WA 98516	91-1158869	501(C)(3)	60,000.				Operating

Continuation Sheet for Schedule I (Form 990)

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Continuation Page 5 of 12

Name of the organization

The Community Foundation of South Puget

Employer identification number

94-3121390

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Nisqually River Foundation 620 Old Pacific Highway SE Olympia, WA 98513	55-0858194	501 (C) (3)	6,758.				Operating
North Thurston Education Fund PO Box 3312 Lacey, WA 98509	91-1433235	501 (C) (3)	70,892.				Operating
NW Cooperative Dev. Center 407 4th E Ste 201 Olympia, WA 98501	91-1355457	501 (C) (3)	13,050.				Operating
Northwest Youth Corps 917 Pacific Ave, Suite 400 Tacoma, WA 98402	93-0818160	501 (C) (3)	50,000.				Operating
NOVA Middle School 2020 22nd Ave SE Olympia, WA 98501	91-1554519	501 (C) (3)	6,267.				Operating
Olympia Arts & Heritage 120 State Ave NE #154 Olympia, WA 98501	83-2514144	501 (C) (3)	9,484.				Operating
Olympia Community Solar 112 4th Ave E #208 Olympia, WA 98501	83-2686367	501 (C) (3)	6,786.				Operating
Olympia Ecosystems 111 Bethel St NE Olympia, WA 98502	47-1745539	501 (C) (3)	63,132.				Operating
Olympia Education Foundation 111 Bethel St NE Olympia, WA 98506	91-1914331	501 (C) (3)	59,319.				Operating
Olympia Film Society 416 Washington SE Ste 208 Olympia, WA 98501	91-1110849	501 (C) (3)	11,880.				Operating

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for
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Continuation Page 6 of 12

Name of the organization

The Community Foundation of South Puget

Employer identification number

94-3121390

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>Olympia Historical Society</u> <u>PO Box 1821, 918 Glass Ave NE</u> <u>Olympia, WA 98507</u>	91-1595061	501 (C) (3)	8,353.				Operating
<u>Olympia Kiwanis Foundation</u> <u>PO Box 1847</u> <u>Olympia, WA 98507</u>	77-0691595	501 (C) (3)	29,915.				Operating
<u>Olympia Symphony Orchestra</u> <u>3400 Capitol Blvd S Ste 203</u> <u>Olympia, WA 98501</u>	91-6087694	501 (C) (3)	56,773.				Operating
<u>Olympia Tumwater Foundation</u> <u>PO Box 4098</u> <u>Olympia, WA 98501</u>	91-0741161	501 (C) (3)	6,813.				Operating
<u>Orca Network</u> <u>485 Labella Vista Way</u> <u>Freeland, WA 98249</u>	91-2168027	501 (C) (3)	30,000.				Operating
<u>Pacific Education Institute</u> <u>724 Columiba St NW Suite 255</u> <u>Olympia, WA 98501</u>	75-3108166	501 (C) (3)	34,000.				Operating
<u>Pacific Lutheran University</u> <u>12180 Park Ave S</u> <u>Tacoma, WA 98402</u>	91-0565571	501 (C) (3)	7,000.				Operating
<u>Pacific Shellfish Institute</u> <u>120 State Avenue NE #1056</u> <u>Olympia, WA 98501</u>	91-1703218	501 (C) (3)	36,269.				Operating
<u>PARC Foundation of Thurston</u> <u>723 Eastside Street NE</u> <u>Olympia, WA 98506</u>	91-1928020	501 (C) (3)	26,000.				Operating
<u>Pizza Klatch</u> <u>312 4th Ave E</u> <u>Olympia, WA 98501</u>	45-5534793	501 (C) (3)	8,396.				Operating

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for
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Continuation Page 7 of 12

Name of the organization

The Community Foundation of South Puget

Employer identification number

94-3121390

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Pope John Paul II High School 5608 Pacific Avenue SE Lacey, WA 98503	20-2120915	501 (C) (3)	69,209.				Operating
Providence SW WA Foundation 413 Lilly Road NE Olympia, WA 98506	91-1097056	501 (C) (3)	29,000.				Operating
Puget Sound Estuarium 309 State Ave NE Olympia, WA 98501	39-2076160	501 (C) (3)	75,011.				Operating
Rebuilding Together Thurston 1224 Legion Way SE Olympia, WA 98501	77-0613860	501 (C) (3)	14,363.				Operating
Rochester Org. of Families 10140 Highway 12 SW Rochester, WA 98579	77-0620956	501 (C) (3)	5,313.				Operating
Rotary Club West Olympia PO Box 1781 Olympia, WA 98507	91-1154673	501 (C) (3)	5,600.				Operating
SafePlace PO Box 2002 Olympia, WA 98507	91-1153988	501 (C) (3)	75,922.				Operating
Saint Martin's University 5000 Abbey Way SE Lacey, WA 98503	91-0564993	501 (C) (3)	22,600.				Operating
Senior Services for S Sound 222 Columbia St NW Olympia, WA 98501	91-0907573	501 (C) (3)	71,947.				Operating
Sound Learning 133 Railroad Ave Shelton, WA 98584	91-1518739	501 (C) (3)	6,440.				Operating

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for
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Continuation Page 8 of 12

Name of the organization

The Community Foundation of South Puget

Employer identification number

94-3121390

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
South Beach Little League PO Box 1844 Westport, WA 98595	45-4444171	501 (C) (3)	25,000.				Operating
South Puget Sound CC 2011 Mottman Rd SW Olympia, WA 98512	91-1174940	Government	7,392.				Operating
South Puget Sound CCF 2011 Mottman Rd SW Olympia, WA 98512	91-1174940	501 (C) (3)	34,703.				Operating
South Puget Sound H4H 711 Capitol Way South Ste 401 Olympia, WA 98512	91-1427020	501 (C) (3)	113,390.				Operating
South Puget Sound SEG 6700 Martin Way East Olympia, WA 98516	91-1519762	501 (C) (3)	27,975.				Operating
South Sound Parent to Parent 2108 Caton Way SW Olympia, WA 98502	91-1496512	501 (C) (3)	5,247.				Operating
South Sound Planned Giving 1148 Broadway Ste 100 Tacoma, WA 98402	75-3205244	501 (C) (3)	10,000.				Operating
South Sound Reading Found. 305 College Street NE Lacey, WA 98516	91-2091907	501 (C) (3)	42,064.				Operating
South Sound YMCA 1530 Yelm Highway SE Olympia, WA 98501	91-0586473	501 (C) (3)	17,994.				Operating
Student Orchestras of Olympia 1629 22nd Ave SE Olympia, WA 98501	91-2079223	501 (C) (3)	50,983.				Operating

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for
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Continuation Page 9 of 12

Name of the organization

The Community Foundation of South Puget

Employer identification number

94-3121390

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Tenino Community Service Cent PO Box 1239 Tenino, WA 98589	91-2144590	501 (C) (3)	5,826.				Operating
The Bridge Music Project 120 State Ave NE #1417 Olympia, WA 98501	82-1633999	501 (C) (3)	10,426.				Operating
The Conservation Connection 525 Eskridge Way SE Olympia, WA 98501	83-0625542	501 (C) (3)	15,000.				Operating
The JOLTS News Organization PO Box 4008 Olympia, WA 98501	87-2868827	501 (C) (3)	41,396.				Operating
The Mayday Foundation 3403 Steamboat Island Road NW Olympia, WA 98502	82-3914026	501 (C) (3)	32,039.				Operating
The Olympia Free Clinic 108 State Ave NW Olympia, WA 98501	27-1606329	501 (C) (3)	62,348.				Operating
The Youth Connection 123 S 2nd St Shelton, WA 98584	82-3875497	501 (C) (3)	9,986.				Operating
Thurston Climate Action Team PO Box 13324 Olympia, WA 98508	27-0749507	501 (C) (3)	8,221.				Operating
Thurston Community Media 440 Yauger Way SW Suite C Olympia, WA 98502	91-1269977	501 (C) (3)	24,030.				Operating
Thurston County Chamber Found PO Box 1427 Olympia, WA 98507	91-1543494	501 (C) (3)	9,967.				Operating

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for
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Continuation Page 10 of 12

Name of the organization

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Employer identification number

94-3121390

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Thurston County Economic Coun 4220 6th Ave SE Lacey, WA 98503	91-1561600	501 (C) (3)	5,676.				Operating
Thurston County Food Bank PO Box 11549 Olympia, WA 98508	23-7297837	501 (C) (3)	136,298.				Operating
Thurston County Inclusion PO Box 4221 Olympia, WA 98501	84-3086461	501 (C) (3)	27,152.				Operating
Thurston County SRA PO Box 3051 Lacey, WA 98509	91-1213060	501 (C) (3)	14,000.				Operating
TOGETHER! 1520 Irving Street SW Unit A Tumwater, WA 98512	91-1465778	501 (C) (3)	23,682.				Operating
Turning Point Advocacy Center PO Box 2014 Shelton, WA 98584	91-2024833	501 (C) (3)	10,781.				Operating
TVW 1058 Capitol Way S Olympia, WA 98507	91-1597601	501 (c) (3)	6,896.				Operating
Union Gospel Mission Olympia PO Box 7668 Olympia, WA 98502	91-1680748	501 (C) (3)	56,891.				Operating
United Way of Thurston County 3525 7th Ave SW Olympia, WA 98502	91-0713462	501 (C) (3)	320,928.				Operating
University of Washington 129 Schmitz Hall Box 355870 Seattle, WA 98195	91-6001537	Government	56,000.				Operating

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 11 of 12

Name of the organization

The Community Foundation of South Puget

Employer identification number

94-3121390

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UW - Tacoma 1900 Commerce St Tacoma, WA 98402	91-6001537	Government	6,000.				Operating
WA Center Performing Arts 512 Washington Street SE Olympia, WA 98501	91-1182866	501 (C) (3)	20,038.				Operating
Washington Nonprofits 120 State Ave #303 Olympia, WA 98501	27-1768789	501 (C) (3)	7,900.				Operating
WA School Principals Found. 2142 Cispus Road Randle, WA 98377	91-1153112	501 (C) (3)	45,671.				Operating
WA State University PO Box 641039 Pullman, WA 99164	91-6060537	Government	13,000.				Operating
Western WA University Old Main 110 Bellingham, WA 98225	91-6000562	Government	54,500.				Operating
Wild Grief 1827 Arbutus St NE Olympia, WA 98506	47-5471208	501 (C) (3)	23,346.				Operating
Westport South Beach Society PO Box 1074 Westport, WA 98595	91-1285823	501 (C) (3)	25,000.				Operating
Whitworth University 300 W Hawthorn Rd Spokane, WA 99251	91-0473310	501 (C) (3)	9,000.				Operating
Wild Orca 6523 California Ave SW #172 Seattle, WA 98136	46-4936308	501 (C) (3)	25,000.				Operating

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 12 of 12

Name of the organization

The Community Foundation of South Puget

Employer identification number	
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94-3121390

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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	163,238.	FMV
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 V, Donee Acknowledgement.....

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....

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

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

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2024

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

Schedule M - Additional Information

Number of contributors.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

The Community Foundation of South Puget
Sound

Employer identification number

94-3121390

Form 990, Part VI, Line 11b - Form 990 Review Process

The annual Form 990 is prepared by our independent certified public accountants using information provided by staff and obtained during their audit of our financial statements. The Form 990 is reviewed in detail by staff and the finance committee. The finance committee recommends it to the board of directors for acceptance. Before voting to accept the Form 990 and filing with the IRS, all board members are provided with an electronic copy of the Form 990.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members, staff, and volunteers are required to sign a conflict of interest disclosure annually. Conflict of interest declarations are included in all board meeting packets. Additionally, board members and volunteers are required to disclose actual and potential conflicts in board and committee meetings as they arise during the year and must abstain from discussion and voting when a conflict arises.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The compensation of the President and CEO is established annually by the Executive Committee of the Board of Directors based on a review of comparable salary data.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request.

SCHEDULE R
(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

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
(1) TCFSPS Properties LLC 212 Union Ave SE Ste 102 Olympia, WA 98501 94-3121390	LLC for receiving and hold for sale	WA	0.	0.	N/A
(2)					
(3)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

Part VI

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII **Supplemental Information**

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