IRS e-file Signature Authorization for an Exempt Organization

	_		_			
For calendar year 2020, or fiscal year beginning	JUL	1	, 2020, and ending	JUN	30	20 2

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information

PENINSULA COLLEGE FOUNDATION	Name of exempt organization or person subject to tax	Taxpayer identification number
PART Type of Return and Return Information (Whole Dollars Only) Part Type of Return for with Journal of Return Information (Whole Dollars Only) Check the box for the return for with Journal of September 1 Type of Return and Return Information (Whole Dollars Only) Check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 6r 7b ablow, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter 0). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here	PENINSULA COLLEGE FOUNDATION	91-1589749
Check the box for the return for which you are using this Form 8879-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filled with this form was blank, then leave line 1b, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filled with this form was blank, then leave line 1b, 2a, 3a, 4a, 5a, 6a, or 7a below, and the return, then enter -0- on the applicable into below. Do not complete more than one line in Part I. 1 a Form 990-EZ check here	PAUL CUNNINGHAM BOARD PRESIDENT	
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 0r 7b, whichever is applicable, blank (do not enter 0-0). But, if you entered 0-on the return, then enter 0-on the applicable line below. Do not complete more than one line in Part I. 1a Form 990-check here		m the return If you
2a Form 990-EZ check here b b Total ravenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22) 3b 3b 3b 3b 3b 3b 3b 3b 3b 3	check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter	this form was
3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22)	1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b1,336,997.
3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22)	2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
b Balance due (Form 8868, line 3c) Fa Form 990-T check here b Total tax (Form 990-T, Part III, line 4) Capt III Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \(\frac{1}{2} \) am an officer of the above organization or \(\frac{1}{2} \) I am a person subject to tax with respect to (name of organization) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return and true, and complete the Us and the part I also a complete the Us and the part I also a statements, and (a) the declare true, and the second true that an accompanying schedules and statements, and (a) the declare true region or reason for my ferovers and the second true true that an alcompanying schedules and electronic funds with the responsibility of the second of the second in the part of the electronic funds with the second of the electronic funds with a state and payment. I have spring the second in the payment. I have spring the second in the sec	3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b
Far Form 990-T check here	4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjuny, I declare that IX I am an officer of the above organization of	5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
Under penalties of perjury, I declare that X I am an officer of the above organization or (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return or organization (100 send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the IU. Streasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution of a payment of the efferal taxes owed on this return, and the financial institution of payment of the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (settlement) and the processing of the electronic payment of the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize AIXEN & SANDERS INC PS ERO firm name The electronic flow of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize		
Under penalties of perjury, I declare that X I am an officer of the above organization or (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return or organization (100 send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the IU. Streasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution of a payment of the efferal taxes owed on this return, and the financial institution of payment of the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment (settlement) and the processing of the electronic payment of the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize AIXEN & SANDERS INC PS ERO firm name The electronic flow of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize	7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
(name of organization) and that I have examined a cop of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I we selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize AIXEN & SANDERS INC PS ERO firm name Enter five numbers, but do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, full enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being fi		
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of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERQ) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for nejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to individe any electronic funds withdrawal (direct debit) entry to the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-88-353-4537 no later than 2 pissess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize AIKEN & SANDERS INC PS FRO firm name Fine five numbers, but do not neter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return's	(name of organization), (EIN)	and that I have examined a cop
as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 91427933655 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized (IRS e-file Providers for Business Returns.	Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior t (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of ta confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a pidentification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic fund PIN: check one box only	e tax preparation account. To revoke to the payment xes to receive personal dis withdrawal.
as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 91427933655 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	X authorize AIKEN & SANDERS INC PS	to enter my PIN 19749
a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 91427933655 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	ERO firm name	Enter five numbers, but do not enter all zeros
electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, will enter my PIN on the return's disclosure consent screen. Date Dol27/2074	a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforement	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 91427933655 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	electronically filed return. If I have indicated within this return that a copy of the return is being filed with a	state agency(ies) nsent screen.
number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	Part III Certification and Authentication	Date > 10/21/20 4
Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.		
that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.		
ERO's signature	that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information	
	ERO's signature	

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**

Return or 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2020 calendar year, or tax year beginning JUL 1, 2020 and ending	JUN 30, 2023	1
В	Check if applicable	C Name of organization	D Employer identi	fication number
F	Addres change Name change	PENINSULA COLLEGE FOUNDATION	91-1589	749
F	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1502 EAST LAURIDSEN BOULEVARD	uite E Telephone numb	
	termin		G Gross receipts \$	3,295,175.
	Amend	PORT ANGELES, WA 98362	H(a) Is this a group	return
	Applic tion pendin	F Name and address of principal officer. I AOD CONTITUOTING		es? Yes X No
_		1502 EAST LAURIDSEN BOULEVARD, PORT ANGELLES		
17	Tax-exe	mpt otdide: [==] or i/o/(o/ [==] or i/o/		a list. See instructions
		e: > WWW.PENCOL.EDU/FOUNDATION	H(c) Group exempt	
			ear of formation: 1996	M State of legal domicile; WA
Pa	art I	Summary	100500 500	TITUOT AND
a	1	Briefly describe the organization's mission or most significant activities: CREATING	ACCESS, EXCE	ELINDO EOD
Governance		SUCCESS FOR THE PENINSULA COLLEGE COMMUNITY E		
ř	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m		ssets.
O.	3			
প্র		Number of independent voting members of the governing body (Part VI, line 1b)		
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		
Activities &		Total number of volunteers (estimate if necessary)		
Act		Total unrelated business revenue from Part VIII, column (C), line 12		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	_		1,156,352	
ě	8	Contributions and grants (Part VIII, line 1h)	1,130,332	
ē	9	Program service revenue (Part VIII, line 2g)	36,397	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-656	
	וון	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,192,093	
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	615,151	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0	
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	102,173	
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)	0	
Expenses	10a	Total fundraising expenses (Part IX, column (D), line 25) 38,651.	Ave. Sate and Art Sate	
Ϋ́	47	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	320,861	. 295,179.
	1 ''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,038,185	
		Revenue less expenses. Subtract line 18 from line 12	153,908	. 378,554.
	13	nevertice icas expenses. Cabitactimo to from the TE	Beginning of Current Yea	TO SECURITION OF A SECURITION
Net Assets or	20	Total assets (Part X, line 16)	6,205,264	
ASSE	21	Total liabilities (Part X, line 26)	621,486	
Vet /	22	Net assets or fund balances. Subtract line 21 from line 20	5,583,778	6,763,987.
P	art II	Signature Block		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of i	my knowledge and belief, it is
true	. correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	parer has any knowledge.	
Sig	n	Signature of officer	Date	
Her		PAUL CUNNINGHAM, BOARD PRESIDENT		
		Type or print name and title		E DTIN
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	i	LONNIE RICH CPA	self-em)	ployed P00333655
Prep	parer	Firm's name ► AIKEN & SANDERS INC PS	Firm's EIN	91-0870697
Use	Only	Firm's address 324 S MAIN ST UNIT A	_	CO 532 3350
		MONTESANO, WA 98563-4502	Phone no. 3	60-533-3370
May	y the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CREATING ACCESS, EXCELLENCE AND SUCCESS FOR THE PENINSULA COLLEGE
	COMMUNITY BY PROVIDING FUNDS FOR STUDENTS AND PROGRAMS.
_	
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 X 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 X No
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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 \$ 560,636 · including grants of \$ 398,293 ·) (Revenue \$)
Tu	THE FOUNDATION CURRENTLY MANAGES 23 ENDOWMENT FUNDS AND 115 DONOR
	RESTRICTED FUNDS FOR SCHOLARSHIPS AND PROGRAMS. IN 2020-21, 467
	INDIVIDUAL STUDENT AWARDS WERE MADE, RANGING FROM PUBLIC TRANSIT PASSES
	AND BOOK PURCHASES TO EMERGENCY AID AND FULL-RIDE SCHOLARSHIPS. MANY
	AWARDS THAT WOULD ORDINARILY HAVE BEEN PROVIDED BY FOUNDATION WERE
	COVERED WITH FEDERAL PANDEMIC RELIEF FUNDS GRANTED TO PENINSULA
	COLLEGE. THE FOUNDATION WORKS WITH PARTNERS, LIKE UNITED WAY AND THE
	CLALLAM PROMISE SCHOLARSHIP PARTNERS, TO MEET SPECIFIC STUDENT NEED. IT
	MANAGES A ROBUST IN-KIND GIVING PROGRAM, ALLOWING INDIVIDUALS AND
	BUSINESSES TO CONTRIBUTE BOTH MONETARILY AND WITH DONATIONS OF
	EQUIPMENT, SUPPLIES, MATERIALS OR TIME. EVERY PC PROGRAM IS IMPACTED BY
	FOUNDATION GIVING.
4b	(Code:) (Expenses \$ 265,496. Including grants of \$ 188,617.) (Revenue \$)
	AWARDS FOR STUDENTS AND PROGRAMS COME FROM ENDOWMENT EARNINGS AND
	DONOR/PARTNER GIVING. FACULTY AND PROGRAM GRANTS ALIGN WITH THE COLLEGE'S STRATEGIC GOALS. THIS YEAR'S GRANTS SUPPORTED THE HUMANITIES
	DIVISION, FACULTY RESEARCH AND PROFESSIONAL DEVELOPMENT, BASIC
	EDUCATION STUDENTS, STUDENT SERVICES ACTIVITIES, CAMPUS VETERAN'S
	CENTER, FOOD PANTRY AND MORE.
	CENTER, FOOD TANTET AND HOND.
4c	(Code:) (Expenses \$
4 -1	Other program appliage (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 826,132.
46	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
·	during the tax year? If "Yes," complete Schedule C, Part II	4		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	5		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	6		_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	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?	1000		
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	800//600
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.	196900	100000	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44		x
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's separate of consolidated invariant and statements of the transfer of the tr	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	45		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
N.	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	000	X
_		_	111111	

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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		<u>,,</u>	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete			Х
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
	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	25a		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	234		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
00	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27	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? If "Yes," complete Schedule L, Part III	27		Х
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	HE BAS		6484
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_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? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_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? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
		15000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable The number of Forms W 2G included in line 1a. Enter -0- if not applicable	10000000		
b	Effet the number of Forms W-2d included in line 1a. Effet -0- it not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	HOLES!	Х	
	(gambling) winnings to prize winners?	1c	990	(2020)

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

			0		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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			200	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	\vdash	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a	a vene	Х
b	If "Yes," enter the name of the foreign country		. (50.45)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad			110000	387/553	Х
				5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction to the party of the pa			5c	-	
	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			6a		x
	any contributions that were not tax deductible as charitable contributions?			Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the state of the state			6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).				113.55	
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a	Х	
			ordinate to the payor.	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
C	to file Form 8282?			7c		х
А		7d		Sign	FEME	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			10.00	1000	2006
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		50x0x3 0x1
10	Section 501(c)(7) organizations. Enter:	1	î			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	1		200	
	CITOCO INCOME INCOME OF CALCULATION	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445				
40	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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		IZG	1660	
		IZU				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			N/ Di	100	
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U	organization is licensed to issue qualified health plans	13b	1			
C	Enter the amount of reserves on hand	130				Sign
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
-	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				Mr. Se	300
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.			4.59		STEEL STEEL
				Forn	990	(2020)

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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.

						X			
Sec	tion A. Governing Body and Management								
		T 1	۰.		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8						
	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		8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		- 1			37			
	officer, director, trustee, or key employee?		}	2	-	X			
3	Did the organization delegate control over management duties customarily performed by or under the					v			
	of officers, directors, trustees, or key employees to a management company or other person?		A 200 CO 100 CO	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form		C25000000000000000000000000000000000000	4	-	X			
5	Did the organization become aware during the year of a significant diversion of the organization's as		30000000	5 6		X			
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			_		х			
	more members of the governing body?			7a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				v				
	persons other than the governing body?			7b	Х	F10-12-1			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		ŀ	0-	Х				
а	The governing body?		20000000	8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			ا ۾		х			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			Yes	No			
			ſ	10a	165	X			
	Did the organization have local chapters, branches, or affiliates?			IVa	_				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c			10b					
4.4	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х				
		Ty before filling the form	'' h	and:	3/2//	72552			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		t	12a	Х	7,000,000			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12b	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If			120					
С				12c	х				
40	in Schedule O how this was done		- 1	13	Х				
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	Х				
14	Did the process for determining compensation of the following persons include a review and approv			Dist.	100	ACU.			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					G			
_	The organization's CEO, Executive Director, or top management official			15a	Х				
	Other officers or key employees of the organization			15b		Х			
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	***************************************	····	ENS		1			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				A STATE			
100	taxable entity during the year?			16a		Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation								
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization			Signatura					
	exempt status with respect to such arrangements?			16b					
Sec	tion 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, a	and 990-T (Section 501	(c)(3)s	only)	availa	ble			
-	for public inspection. Indicate how you made these available. Check all that apply.								
		in on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		y, and	financ	cial				
-	statements available to the public during the tax year.	·							
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records 🕨							
	CHERI JESSUP, FOUNDATION SPECIALIST - 360-417-6246								
		8362							
032006	12-23-20			Form	990	(2020)			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

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

week (list any hours for related organizations below line) (1) GETTA WORKMAN EXECUTIVE DIRECTOR	Individual trustee or director	stee				_	(D) Reportable compensation from	compensation from related	amount of other
	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
EXECUTIVE DIRECTOR								400 577	00 001
	_		X		_		0.	100,675.	30,821.
(2) PAUL CUNNINGHAM 2.00							_		
PRESIDENT	X		Х				0.	0.	0.
(3) JOE FLOYD 0.50	1						_		
BOARD MEMBER	X						0.	0.	0.
(4) JEANNE MARTIN 2.00								_	_
CO-TREASURER	X		X				0.	0.	0.
(5) RAY GRUVER 2.00									
CO-TREASURER	X		X				0.	0.	0.
(6) DAVE NEUPERT 0.50									
BOARD MEMBER	X						0.	0.	0.
(7) S. BROOKE TAYLOR 0.50									_
BOARD MEMBER	X						0.	0.	0.
(8) CLAIRE SMITH RONEY 0.50									
BOARD MEMBER	X						0.	0.	0.
(9) JIM WALTON 0.50									
BOARD MEMBER	X						0.	0.	0.
	1								
	L								
	+								
	+								

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Par	VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		s (continued)	-			_
	(A)	(B)				C)			(D)	(E)	- 1		(F)	
	Name and title	Average			Position (do not check more than one				Reportable	Reportable		Est	imated	
	hours per			unle	ss pe	rson i	is both	n an	compensation	compensation				F
		week	offi	cer ar	dad	irecto	or/trus	tee)	from	from related	- 1	C	other	
		(list any	cto						the	organizations	;		ensati	on
		hours for	ig .				ted		organization	(W-2/1099-MIS	C)		m the	
		related	stee o	uste			eusa		(W-2/1099-MISC)			_	ınizatio	
		organizations	al trus	mal ti		loyee	СОПР						related	
		below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nizatior	18
		line)	르	Ins	0#	Ke	돌	훈			-			
							_	_			\rightarrow			
						_	_	_			_			
			1											
1h	Subtotal				W. C	_		•	0.	100,67	75.	30	,82	1.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.	100,67	75.	30	,82	1.
2	Total number of individuals (including but n	at limited to th	ose	liste	d at	nove	a) wh	o re	eceived more than \$100.	000 of reportable				
~	compensation from the organization	or invited to the	000	11010	a ar	,,,,	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0
	Compensation from the organization												Yes	No
•	Did the organization list any former officer,	director trust	ا مم	(QV (mn	love	e Oi	hia	hest compensated emp	lovee on	ſ	100 E	70X 3	
3											1	3		Х
_	line 1a? If "Yes," complete Schedule J for s	uch individual				+ion			or componentian from t	he organization	····	1885	17.52	West.
4	For any individual listed on line 1a, is the su									ne organization	ı	4		Х
	and related organizations greater than \$150									hual for convices	····	1000	SACIE OF	S TOTAL
5	Did any person listed on line 1a receive or a										ı	5	20000	х
	rendered to the organization? If "Yes," com	nolete Schedul	e J f	or si	ıch	pers	on					5		
Sec	tion B. Independent Contractors									100 000 -f		lan fra	m	
1	Complete this table for your five highest co	mpensated inc	iepe	ende	nt c	ontr	acto	rs tr	nat received more than t		erisai	1011 110	111	
	the organization. Report compensation for	the calendar y	ear e	endii	ng w	/ith	or w	ithin		ear.			`	
	(A)	addraga	3.7	O 3 T 1	_				(B) Description of s	envices	С	(C) sation	
	Name and business	address	N	ON	<u> </u>	-		-	Description of a	SCIVICOS		ompor	iodiioii	
								-			_	_		
								-			_			_
								_						
										- 2			25-00-55-0	39.50
2	Total number of independent contractors (i		ot lii	mite	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi	zation					0				1919	May 3	990 (2)	Track!
												_ (ALIEL IO	1000

Part VIII	Statement of Revenue
Laif Aill	Statement of nevenue

1 a Federated campaigns 1 a 1			Check if Schedule O contains a response or	note to any line	in this Part VIII			
State of the control		1317011	Officer if correduce of contains a response of	Tioto to dirty linto		(B)	(C)	(D)
Table Tabl					Total revenue			Revenue excluded
Business Code 2 a b						function revenue	business revenue	sections 512 - 514
Business Code 2 a b	(0, 10	4 .	Enderstad compaigns			STATE OF THE PARTY		
Business Code 2 a b	ants	1 6	(C. 34-4-1-34-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-					
Business Code 2 a b	8 8	r						
Business Code 2 a b	ts A	(
Business Code 2 a b	텵	(
Business Code 2 a b	S,	€						
Business Code 2 a b	r Si	f						
Business Code Business Code	E E		similar amounts not included above 1f					
Business Code 2 a b	E G	ç	Noncash contributions included in lines 1a-1f	268,141.				
Page 1	S 8	ŀ	Total. Add lines 1a-1f		1,087,512.			
Total. Add lines 2a2! 3 Investment income (including dividends, interest, and other similar amounts) 146,165. 146, 16				Business Code				
9 Total. Add lines 2a:2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exampt bond proceeds 5 Royalties 6 a Gross rents 6 (i) Real (ii) Personal 6 a Gross rental expenses (bb 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory 8 Less: cost or other basis and sales expenses 7b 1,958,178 9 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8 b Less: direct expenses 8b 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 8b 10 a Gross sales of inventory, less returns and allowances 9 b Less: cost of goods sold 10b 10 a Gross sales of inventory, less returns and allowances 10 a Business Code 146, 165. 146, 146, 165. 146, 16	ايو	2 8	L.					
g Total. Add lines 2a:2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 (i) Real (ii) Personal 6 a Gross rental expenses (bb 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 1,958,178 7 a Grass income from fundraising events 7c 103,320 103,320 103,320 104 Net gain or (loss) 7c 103,320 105 7c 103,320 106 7c 104, 186 107 7c 103,320 108 7c 103,320 109 7c 103,320 100 7c	ξ	t						
g Total. Add lines 2a:2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 (i) Real (ii) Personal 6 a Gross rental expenses (bb 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 1,958,178 7 a Grass income from fundraising events 7c 103,320 103,320 103,320 104 Net gain or (loss) 7c 103,320 105 7c 103,320 106 7c 104, 186 107 7c 103,320 108 7c 103,320 109 7c 103,320 100 7c	S H							
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g Total. Add lines 2a:2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 (i) Real (ii) Personal 6 a Gross rental expenses (bb 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 1,958,178 7 a Grass income from fundraising events 7c 103,320 103,320 103,320 104 Net gain or (loss) 7c 103,320 105 7c 103,320 106 7c 104, 186 107 7c 103,320 108 7c 103,320 109 7c 103,320 100 7c	P.	f	All other program service revenue					
3 Investment income (including dividends, interest, and other similar amounts) 146,165. 146, 1			and the second s	•				
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents (b Ga (c) Rental income or (loss) (d) Net rental income or (loss) (d) Net rental income or (loss) (e) Calin or (loss) (f) Securities (fi) Other (f) Assets other than inventory (f) Assets			Investment income (including dividends, interes	t. and				
## Income from investment of tax-exempt bond proceeds		Ŭ			146,165.			146,165.
For a contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 b Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 b Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 b Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 19 c Net income or (loss) from sales of inventory beautiful to the contributions reported on line 1c). See Part IV, line 19 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 18 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 18 c Less: direct expenses of contributions reported on line 1c). See Part IV, line 18 c Less: direc		4						
(i) Personal (ii) Personal (iii) Personal Pe								
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B Less: rental expenses C Rental income or (loss) C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 7 b 1,958,178, 7 c 103,320, d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		_		(ii) i discritar				
The state of the s								
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assets other than inventory b Less: cost or other basis and sales expenses								
b Less: cost or other basis and sales expenses		7 a	all documents and a second and a	(ii) Other				
and sales expenses			assets other than inventory 7a 2,061,498.					
C Gain or (loss) 7c 103,320. d Net gain or (loss) 103,320. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a		Ł	Less: cost or other basis					
8 a 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 > 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a 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 Pusiness Code	e l							
8 a 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 > 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a 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 Pusiness Code	e l	(Gain or (loss)					July 10 17 18 Sept.
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b Less: direct expenses			Part IV, line 18					
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and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code								
b Less: cost of goods sold			and allowances					
c Net income or (loss) from sales of inventory Business Code		Ł						
Business Code								
11 a b c d All other revenue				Business Code			All presents the	Person News
d All other revenue	snc	11 a						
d All other revenue	ne	k						
d All other revenue	ella						37-37-13	
	Si		All other revenue					
e Total. Add lines 11a-11d	2	•)				
					1,336,997.	0.	0.	249,485.

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 (A) Total expenses (**D**) Fundraising Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 586,910. 586,910. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 61,083. 11,453. 3,818. 76,354. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes Fees for services (nonemployees): Management Legal 6,300. 6,300. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 181 181. column (A) amount, list line 11g expenses on Sch O.) 100. 100. Advertising and promotion 12 3,025. 3,025 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 2,450. 2,450. 23 Other expenses, Itemize expenses not covered 24 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.) 34,733. 268,141. 163,942. 69,466. INKIND EXPENSE 14,197. 14,197. PIRATE ATHLETIC ASSOCIA 785 785. MISCELLANEOUS d e All other expenses 38,651. 958,443. 826,132. 93,660. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Form 990 (2020)
Part X Balance Sheet

1 2 3 4 5	Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net	(A) Beginning of year 983,400. 428,677.	1	(B) End of year 1,068,566.
2 3 4 5	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net			1,068,566.
3 4 5	Pledges and grants receivable, net Accounts receivable, net	428 677.		
4 5	Pledges and grants receivable, net Accounts receivable, net	428 677.1	2	
5	Accounts receivable, net	120/01/1	3	249,805
			4	
6	Loans and other receivables from any current or former officer, director,			
6	trustee, key employee, creator or founder, substantial contributor, or 35%			
6	controlled entity or family member of any of these persons		5	
	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	100,874.	7	100,874
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a		10 Res 25	
b	Less: accumulated depreciation10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	4,692,313.	12	5,969,420
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)			7,388,665
17	Accounts payable and accrued expenses	146,590.	17	115,551
18	Grants payable		18	
19	Deferred revenue			
20	Tax-exempt bond liabilities	474 006		E00 107
21	Escrow or custodial account liability. Complete Part IV of Schedule D	4/4,896.	21	509,127
22				
			101.6	
		Committee of the commit		
23				
24			24	
25				
		621 106		624,678
26		021,400.	26	024,070
		01 775	07	106,792
27				6,657,195
28		5,492,005.	28	0,037,133
			00	
29	VIVO CONTO DESCRIPTION OF THE PROPERTY OF THE			
30				
31	_	5 502 770		6,763,987
32				7,388,665
	b 111 122 133 144 155 166 177 188 199 200 221 222 233 224 225 227 228 229 330 331	basis. Complete Part VI of Schedule D	b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Net assets without donor restrictions 28 Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 5 5, 583, 778.	basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 11c 11c 11c 11c 11c 11c 11c 11c 11c

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	1,330 958 378 5,583	5,99 3,44 3,55	43. 54. 78.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		6 76		07
D	column (B))	10	6,76	3,90	5 / •
Pai	t XII Financial Statements and Reporting				X
W. T.	Check if Schedule O contains a response or note to any line in this Part XII		······	Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:		2a		X
b	Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sche		2c	Х	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Act and OMB Circular A-133?	gle Audit	. За		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number 91-1589749

		PENI	NSULA COLLE	EGE FOUNDATIO	N			9	1-1589749
Pa	rt I	Reason for Public C	Charity Status (All organizations must co	omplete th	is part.) S	ee instruction	s.	
he	organi								
1	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
	H	A school described in secti					<i>X</i> , - <i>X</i> , <i>y</i> ,		
2	님						:\		
3	님	A hospital or a cooperative						(:::\ Fatar	the beenitelle nome
4		A medical research organiza	ation operated in con	ijunction with a nospital	aescribea	in sectio	П 170(В)(1)(А)	(III). Enter	the nospital's name,
		city, and state:							
5	X	An organization operated for		lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov							
7		An organization that normal	ly receives a substar	ntial part of its support fr	om a gove	rnmental ı	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe		1)(A)(vi). (Complete Part	: 11.)				
9	\Box	An agricultural research org				ed in conju	nction with a	land-grant	college
_		or university or a non-land-g							
		university:		,				_	
10		An organization that normal	ly receives (1) more t	than 33 1/3% of its supp	ort from co	ontribution	s. membersh	p fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busin							
				(less section of ritax) no	iii busiiica	isos aoquii	ca by the eng	amzanomo	
		See section 509(a)(2). (Cor		valu to toot for public oof	oty Soo (naction E(00(2)(4)		
11	\vdash	An organization organized a						m, out the	nurnoses of one or
12		An organization organized a	ina operatea exclusiv	very for the benefit of, to	penomi u	regulation	Cootion f	ny out the	hook the hey in
		more publicly supported org							DIRECK THE DOX III
		lines 12a through 12d that o							_t.t.a
а		Type I. A supporting orga							
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ippoπing
	_	organization. You must c							
b		Type II. A supporting orga							
		control or management of	f the supporting orga	inization vested in the sa	me perso	ns that co	ntrol or manaç	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally						ted organiz	zation(s)
		that is not functionally int							
		requirement (see instructi							
е		Check this box if the orga						I, Type III	
		functionally integrated, or							
f	Ente	r the number of supported o							
a		ride the following information							
9	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	inization listed no document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
				above (see instructional)					
							ŀ		
_									
-03500						10905232113			
ota	II .		A STATE OF THE STA		SECTION SECTION				

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.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and					3,012	
	membership fees received. (Do not						
	include any "unusual grants.")	756,587.	2372217.	1710060.	1156352.	1087512.	7082728.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	756,587.	2372217.	1710060.	1156352.	1087512.	7082728.
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)						
6	Public support. Subtract line 5 from line 4.		ESSE EVENT				7082728.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	756,587.	2372217.	1710060.	1156352.	1087512.	7082728.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				1		
	and income from similar sources	163,892.	203,619.	169,404.	178,177.	146,165.	861,257.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		No. of Lorent	Date: 1900 1953			7943985.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th						. \Box
	organization, check this box and stor	here	·····				>
	ction C. Computation of Publi					T T	00 16 %
	Public support percentage for 2020 (I					14	89.16 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	96.19 %
16a	33 1/3% support test - 2020. If the o						▶ 1 V I
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2019. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	S DOX
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			P
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						_
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	UI 99U-EZ 2U2U

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

Section A. Public Support	low, please comp	olete Falt II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,201	(10)	,,,====	,,,,	,	
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						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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.)			AND A PLANT		建筑等地域性多	
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
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	e organization'e f	irst second third	fourth, or fifth tax	vear as a section !	501(c)(3) organizatio	on,
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2020 (lin			column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Invest						
17 Investment income percentage for 20:	20 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box an	d stop here. The	e organization quali	fies as a publicly s	supported organiza	ation	▶∟
b 33 1/3% support tests - 2019. If the	organization did i	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	i ala not check a	box on line 14, 19	a, or 190, check to		structions) or 000 EZ\ 0000

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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")? |f "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?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.)

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	10b	90-EZ)	

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Par	TIV Supporting Organizations (continued)	_	
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	0 500000	1000
	11c below, the governing body of a supported organization?		_
	A family member of a person described in line 11a above?		A STATE OF THE PARTY OF THE PAR
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
Cool	detail in Part VI. 11c		
Sec	tion B. Type i Supporting Organizations	Yes	No
	The state of the second to be the efficient of their efficient connective or membership of one or	168	INO
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		
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported		1866
2	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.		
Sec	tion 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).		
Sec	tion 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	1000	E5555
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	a street	E-ROSE
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	0.000	
	the organization maintained a close and continuous working relationship with the supported diganization(s).	N GUSSI	2000
3	By reason of the relationship described in 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	N. S. S. S. S.	
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
1 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 instruction	on <u>s).</u>	
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.		4 20000000
b	Did the activities described in 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		100
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		74,948
	these activities but for the organization's involvement.	The second	A SECURE
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а		E BRES	25/44
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	51 10 10 10	100000
b		10 (-0(0))	1000000
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Sect	ion 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	3		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.	VIII VIII VIII VIII VIII VIII VIII VII		6	
	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
10	Ellie o amount divided by line o amount	(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			N. O. C.	
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020		Charles and the second		
а	From 2015			1000	
b	From 2016				
С	From 2017			THE STATE	
d	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount			表的性	
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.		A SECTION OF SECTION		
	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h			ALC: N	
	_				
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
		THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO			
	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.			KSSHALL	
	Breakdown of line 7:			7.8891	
	Excess from 2016			4800	
	Excess from 2017				
	Excess from 2018		You was a second	25.00	
	Excess from 2019			STAR	
0	Excess from 2020	THE RESERVE OF CASES OF THE PARTY OF THE PAR	and the second second second second second	A POST OFFI	

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

P	ENINSULA COLLEGE FOUNDATION	91-1589749				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 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					
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. 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						
sections 509(a)(1) any one contribut	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 or 990-EZ), 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.					
contributor, during literary, or educat	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.					
year, contribution is checked, enter purpose. Don't co	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					
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

PENINSULA COLLEGE FOUNDATION

91-1589749

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$247,626.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$62,264.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$85,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Eli + 4	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$308,440.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PENINSULA COLLEGE FOUNDATION

91-1589749

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	2
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occuplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PENINSULA COLLEGE FOUNDATION

91-1589749

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STAFF SALARIES, BENEFITS, TAXES, SUPPLIES, TRAVEL COSTS, RENT, & EQUIPMENT.	\$\$	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Name of organization

Employer identification number

PENIN	SULA COLLEGE FOUNDATION			91~1589749
Part III		through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of tra	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, as	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of tr	ansferor to transferee
	- Tansieree 3 Hame, audress, at			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

PENINSULA COLLEGE FOUNDATION

Employer identification number 91-1589749

Pai	rt 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	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised f	unds
	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 use	d only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	
	impermissible private benefit?	
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	istorically important land area
	Protection of natural habitat Preservation of a c	ertified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	anization 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	□ Vaa □ Na
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	ation easements during the year
	The state of the s	accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
_	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	\/P\/i\
8		
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense state.	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	
	organization's accounting for conservation easements.	That dood hoo in
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	A A A A A A A A A A A A A A A A A A A
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	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 bala	nce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	
	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 ga	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	

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

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Sche	dule D (Form 990) 2020 PENINSUI	A COLLEGE	FOUNDATION	N .		21-13	09/4	Pa	age Z	
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	er Simila	r Assets	(contir	ued)		
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that make	significant	use of its				
_	collection items (check all that apply):									
а										
b										
C	Preservation for future generations	 	. Law that the the	a avantian's ava	mnt nurne	see in Dart	VIII			
4	Provide a description of the organization's co					ose III Fait	AIII.			
5	During the year, did the organization solicit or						Yes] No	
D	to be sold to raise funds rather than to be ma								No	
Par	t IV Escrow and Custodial Arrang	·	ete if the organizatio	n answered "Yes" o	n Form 99	o, Paπ IV, I	ine 9, or			
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia						٦	37	1	
	on Form 990, Part X?					L	Yes	A] No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
							Amoun	t		
С	Beginning balance				1c					
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo					X	Yes		No	
	If "Yes," explain the arrangement in Part XIII.							X]	
	t V Endowment Funds. Complete if									
	Sumple	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Fou	vears	back	
4.	Paginning of year halance	4,157,482.	3,953,954.			070,364.		935,		
	Beginning of year balance	453,663.	187,274.			236,853.			626.	
	Contributions	925,198.	103,090.			91,794.		113,		
С	Net investment earnings, gains, and losses	150,052.	86,836.	58,535.		99,436.			734.	
d		150,052.	00,030.	30,333.		33,130.			,	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses							0.00	264	
g	End of year balance	5,386,291.			3,	299,575.		,070,	364.	
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 70.1550	%								
	Term endowment ▶ 29.8450	/6								
	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses		ation that are held ar	nd administered for t	the organiz	zation				
	by:	•						Yes	No	
	(i) Unrelated organizations						3a(i)		X	
	(ii) Related organizations						3a(ii)		Х	
	If "Yes" on line 3a(ii), are the related organizations						3b			
72										
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		Willett fullus.							
rai	Complete if the organization answered) Part IV line 11a S	see Form 990. Part X	Line 10.					
_		(a) Cost or o			Accumula	ted	(d) Boo	k valu	е	
	Description of property	basis (investr			epreciatio		, =, ==	., ,	_	
			nonin Dasis	(53101)	_p. 50.000					
	Land	****		11 11 11 11 11 11 11 11 11 11 11 11 11		CHARLES SE				
	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									

Schedule D (Form 990) 2020

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

(B) (C) (D) (E) (F) (G)

1)		
Schedule D (Form 990) 2020 PENINSULA CO	LLEGE FOUNDAT	ION	91-1589749	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1b. 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 of	r end-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) INVESTMENTS	5,969,420.	END-OF-YEAR MARK	ET VALUE	
(B)				
(C)				
(D)				

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" of	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 (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

5,969,420

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.							
	(a) Description	(b) Book value					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

(9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	>

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 PENINSULA COLLEGE FOUNDATION	01 1	L589749 Page
Schedule D (Form 990) 2020 PENINSULA COLLEGE FOUNDATION Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret		LJOJ/45 Page
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	1	2,138,652.
Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Wales	2,200,002.
a Net unrealized gains (losses) on investments		
5		
	2e	801,655.
	3	1,336,997
		1/000/55
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		
D Citio (Seconde III at Alli)	4c	0.
	5	1,336,997
Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
Total expenses and losses per audited financial statements	1	958,443.
A. A.	AND DESCRIPTION OF THE PERSON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	958,443.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	SAPEL.	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	958,443.
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	Lline 2: Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	1 0.127	, 1110 12, 1 01 1 7 11,
illies 20 and 40, and Part All, lines 20 and 40. Also complete this part to provide any additional information.		
PART IV, LINE 2B:		
THE FOUNDATION IS ACTING AS CUSTODIAN FOR FUNDS HELD ON BEHAL	F OF	7
PENINSULA COLLEGE. THESE FUNDS ARE INVESTED ALONGSIDE FOUNDAT	ION	ENDOWMENT
FUNDS. HOWEVER, AS OPPOSED TO OTHER INVESTMENTS AND ENDOWMENT	FUN	NDS HELD
BY THE FOUNDATION, PENINSULA COLLEGE RETAINED ALL RIGHTS TO T	HE E	TUNDS.
PART V, LINE 4:		
	3 3 2	OMITED

THE FOUNDATION MANAGES ENDOWMENTS ESTABLISHED BY INDIVIDUALS AND OTHER ENTITIES THAT ARE PERMANENTLY RESTRICTED. INVESTMENT EARNINGS, BUT NOT THE PRINCIPAL, ARE DISTRIBUTED IN THE FORM OF SCHOLARSHIPS, FACULTY GRANTS AND PROGRAMS SUPPORT.

Schedule D (Form 990) 2020

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

General Information on Grants and Assistance

Part

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

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

► Attach to Form 990.

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1545-004	20	Publ
OMB No. 1545-0047	20	Open to Public
		3

Employer identification number Inspection

2 91-1589749 X 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 PENINSULA COLLEGE FOUNDATION

Š	ı		, ,							ا _گ		
X Yes	line 21, for any		(h) Purpose of grant or assistance							Schedule I (Form 990) 2020		
	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any		(g) Description of noncash assistance									
	Inization answered "Y		(f) Method of valuation (book, EMV, appraisal, other)									
States	omplete if the orga	.pg	(e) Amount of non-cash assistance									
nds in the United	Governments. C	nal space is neede	(d) Amount of cash grant						line 1 table			
toring the use of grant fu	ations and Domestic	be duplicated if addition	n be duplicated if additi	n be duplicated if addit	(c) IRC section (if applicable)						ganizations listed in the	I table ons for Form 990.
ance?	omestic Organiz	5,000. Part II can I	(b) EIN						id government org	listed in the line 1 see the Instructi		
criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ā	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						2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.		
	_	1 2	5	17.5	5	63	200	2		70		

91-1589749

Schedule I (Form 990) 2020 PENINSULA COLLEGE FOUNDATION

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.

	(b) Number of recipients	(c) Amount of cash grant	(a) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT SUPPORT: THE FOUNDATION PROVIDES SCHOLARSHIPS, GRANTS AND EMERGENCY BOOK LOANS TO STUDENTS.	562	398,293.	• 0		
FACULTY, STAFF AND PROGRAM SUPPORT: THE FOUNDATION PROVIDED 4 GRANT BLOCKS FOR AWARDING BY THE COLLEGE FOR FACULTY, HUMANITIES DIVISION, BASIC EDUCATION, AND STUDENT SERVICES. TOTAL RECIPIENTS	128	188,617.	°°		
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	red in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
SCHOLARSHIPS AND GRANTS: THE	E AMOUNT	OF	SCHOLARSHIPS AND	GRANTS	
STUDENTS IS DIRECTLY REI	RELATED TO	ENDOWMENT	AWARD	DETERMINATIONS	
THE BOARD APPROVED	"INVESTMENT	MENT SPENDING	ING POLICY")	") AND DONOR	
AVAILABILITY. THERE	IS A	COMPETITIVE	3 APPLICATION	ON PROCESS	
SCHOLARSHIPS, CREATED IN	- 1	ORATION W	COLLABORATION WITH THE COLLEGE,	LEGE, TO	
THE COLLEGE AND ST	TUDENTS	STUDENTS WHILE HONORING	THE	AWARD	
BY DONORS. THE STUDENT	AFFAIRS	COMMITTEE	OF	THE COLLEGE, UNDER	
THE STUDENT SERVICES	ES VICE	PRESIDENT,	, LEADS THE	SCHOLARSHIP	
PART TV FOR COLITMN	(A)	DESCRIPT BONS	ď		Schedule I (Form 990) 2020

AWARD PROCESS. AWARDS ARE SPLIT EQUALLY OVER EACH QUARTER IN THE ACADEMIC

YEAR, AND EACH STUDENT'S PERFORMANCE IS MONITORED BY THE COLLEGE TO ENSURE

AWARD CRITERIA IS MET. IF THE STUDENT DOES NOT MEET AWARD CRITERIA, THE

FUNDS ARE NOT DISBURSED AND THEY FORFEIT THE SCHOLARSHIP.

FACULTY, STAFF AND PROGRAM GRANTS: THE AMOUNT OF GRANTS PROVIDED TO

FACULTY, STAFF AND PROGRAMS ARE DIRECTLY RELATED TO ENDOWMENT AWARD

DETERMINATIONS AND DONOR DESIGNATED FUNDS AVAILABILITY. THE FOUNDATION

BOARD ALSO ELECTS ANNUALLY WHETHER TO DESIGNATE UNRESTRICTED FUNDS FOR THIS

USE. THERE IS A COMPETITIVE APPLICATION PROCESS FOR FACULTY GRANTS, THE

CRITERIA FOR WHICH IS COLLABORATIVELY DETERMINED BY THE COLLEGE IN ORDER TO

MEET ITS STRATEGIC OBJECTIVES AND THE DONOR OR FUNDS INTENTIONS. THE AWARD

SELECTION TEAM IS COMPRISED OF COLLEGE LEADERSHIP STAFF WHO ARE

KNOWLEDGEABLE OF AVAILABLE COLLEGE FUNDS FOR LEVERAGING FOUNDATION AWARDS.

GRANT RECIPIENTS ARE AWARDED AND REPORT BACK TO THE FOUNDATION OFFICE AND

BOARD THE OUTCOME OF THEIR GRANT-RELATED ACTIVITIES.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: FACULTY, STAFF AND PROGRAM SUPPORT: THE
FOUNDATION PROVIDED 4 GRANT BLOCKS FOR AWARDING BY THE COLLEGE FOR
FACULTY, HUMANITIES DIVISION, BASIC EDUCATION, AND STUDENT SERVICES.
TOTAL RECIPIENTS REFLECT COMBINED AWARDS FROM THESE GRANTS. A VARIETY OF
PROGRAM SUPPORT WAS ALSO PROVIDED.

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

PENINSULA COLLEGE FOUNDATION

Employer identification number 91-1589749

Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrit amounts report Form 990, Part VII	ed on		(d) Method of de cash contribu			3
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									
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								- CITCHER	
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy				17 27 27					
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (STAFF SALARIE)	X	1	187,	497.	FAIR	MARKET	VAI	UE.	
26	Other (PROGRAM SUPPL)	X	1	60,	,129.	FAIR	MARKET	VAI	UE.	
27	Other PROGRAM SUPPL)	X	12	20,	,515.	FAIR	MARKET	VAI	UE.	
28	Other ()									
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ementL	29					
									Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines	1 throug	h 28, tha	ıt it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required	d to be us	ed for			1156	
	exempt purposes for the entire holding period?							30a		X
b	If "Yes," describe the arrangement in Part II.								2000	
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard	contribut	ions?		31		_X_
32a	Does the organization hire or use third parties of									
	contributions?							32a		_X_
b	If "Yes," describe in Part II.	as needles						15249		
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column ((a) is chec	ked,				
	describe in Part II.								192	
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).			Schedule M	l (Form	n 990)	2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization PENINSULA COLLEGE FOUNDATION 91-1589749 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STUDENTS AND PROGRAMS. FORM 990, PART VI, SECTION A, LINE 7B: WITH THE GOVERNING BODY'S SUPPORT, THE COLLEGE HIRES (AND PAYS FOR) THE LEADERSHIP POSITION (EXECUTIVE DIRECTOR) FOR THE FOUNDATION. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WAS PROVIDED TO THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE FOR INITIAL REVIEW WITH FOUNDATION STAFF. IT WAS THEN EMAILED IN ADVANCE TO INDIVIDUAL BOARD MEMBERS PRIOR TO A MEETING OF THE FULL BOARD, WHERE IT WAS FORMALLY REVIEWED AND APPROVED. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND THE EXECUTIVE DIRECTOR REVIEW, UPDATE (IF NECESSARY) AND SIGN THE CONFLICT OF INTEREST POLICY FOR COMPLIANCE ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15A: THE PROCESS FOR DETERMINING COMPENSATION FOR THE FOUNDATION'S TOP MANAGEMENT OFFICIAL (EXECUTIVE DIRECTOR) IS PERFORMED BY PENINSULA COLLEGE, SINCE THE COLLEGE PAYS THE SALARY AND BENEFITS FOR THIS POSITION. THE COMPENSATION ALIGNS WITH SIMILIAR POSITIONS WITHIN THE COLLEGE STAFFING AND

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 AND FORM 1023 ARE AVAILABLE FOR PUBLIC INSPECTION ON THE

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

SALARY STRUCTURE.

Name of the organization PENINSULA COLLEGE FOUNDATION	Employer identification number 91-1589749
FOUNDATION'S WEBSITE (WWW.PENCOL.EDU/FOUNDATION) AND AVAIL	ABLE UPON REQUEST
BY CONTACTING THE FOUNDATION OFFICE AT 360-417-6246.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUES	T OF THE
FOUNDATION OFFICE AT 360-417-6246. THESE DOCUMENTS AND MOR	E ARE ALSO
AVAILABLE ONLINE AT THE FOUNDATION'S WEBSITE: WWW.PENCOL.E	DU/FOUNDATION.
FORM 990, PART XII, LINE 2C:	
THE FOUNDATION HAS AN ANNUAL AUDIT. THE FINANCE COMMITTEE	AND/OR THE
EXECUTIVE COMMITTEE OF THE FOUNDATION BOARD WORKS WITH STA	FF TO OVERSEE
THE AUDIT OF ITS FINANCIALS STATEMENTS AND SELECTION OF AN	INDEPENDENT
ACCOUNTANT. THE FOUNDATION BOARD ASSUMES THE OVERALL RESPO	NSIBILITY AND
OVERSIGHT OF THE COMPLETED AUDIT, AND REVIEWING AND APPROV	ING THE
FINDINGS AT A MEETING OF THE FULL BOARD.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990.

2020

OMB No. 1545-0047

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

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

COLLEGE FOUNDATION

PENINSULA

Open to Public Inspection Employer identification number 91-1589749

(g) Section 512(b)(13) controlled ٥ entity? Direct controlling Yes 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. Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) Total income Exempt Code 9 section Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II

91-1589749

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Schedule R (Form 990) 2020 PENINSULA COLLEGE FOUNDATION

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. Part III

(K)	General or Percentage managing ownership partner?									
9	eneral or lanaging bartner?	Yes No								
8	Code V-UBI amount in box m	K-1 (Form 1065) Y								
(h)	Disproportionate allocations?	No								
=	Dispropo alloca	Yes								
(6)	Share of end-of-year	Sign		200						
	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(0)	Legal domicile (state or	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization					. 22				

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. Part IV

	13) ed	N)						
E	Section 512(b)(13) controlled entity?	Yes			×						
3	Percentage ownership				100%						
(6)	of ear	dssets			-987,961.						
9	Share of total income				-96,604.						
(e)	Type of entity (C corp, S corp,	or trusty			C CORP						
(b)	Direct controlling entity		PENINSULA	COLLEGE	FOUNDATION						
(0)	Legal domicile (state or foreign	country)			MA						
(q)	Primary activity				RENTAL REAL ESTATE						
(a)	Name, address, and EIN of related organization		202 MANAGER LLC - 81-3442391	1502 EAST LAURIDSEN BLVD	PORT ANGELES, WA 98362						

Schedule R (Form 990) 2020

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

90) 2020			40	032163 10-28-20
				(9)
				(9)
				(4)
				(3)
				(2)
				(1)
)	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
	elationships and transaction thresholds.	this line, including covered	ho must complete	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.
××	11 11			Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)
×	10			q Reimbursement paid by related organization(s) for expenses
×	1p			p Reimbursement paid to related organization(s) for expenses
×	10			
×	4		on(s)	
××	= = = = = = = = = = = = = = = = = = = =		nization(s)nization(s)	 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)
×	*			k Lease of facilities, equipment, or other assets from related organization(s)
×	1)			j Lease of facilities, equipment, or other assets to related organization(s)
l ×	1			i Exchange of assets with related organization(s)
4 ×	19 1h			g pale of assets to related organization(s) h Purchase of assets from related organization(s)
4				
×	4			f Dividends from related organization(s)
×	16			e Loans or loan guarantees by related organization(s)
×	10			d Loans or loan guarantees to or for related organization(s)
×	10			c Gift, grant, or capital contribution from related organization(s)
×	10			b Gift, grant, or capital contribution to related organization(s)
×	a c			a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
Yes No		related organizations listed	s with one or more	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?
\vdash				Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule

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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.

				Si 8	
(k) Percentage ownership					
General or managing partner?					į.
Gen 1 par					
(h) (i) (j) (k) (k) Disproportionate amount in box 20 managing ownership of Schedule K-1 partner? Ves No (Form 1065) ves No					
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.? Yes No					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) (b) (c) Legal domicile Predominant income of entity of entity (state or foreign country) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d					