** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. JUI, 1 2023 and ending JUN 30 2024

A F	or the	2023 calendar year, or tax year beginning J	UL 1, 2023 and	ending J	<u>UN 30,</u>	2024	
B c	heck if pplicable	C Name of organization			D Employe	er identific	cation number
	Addres	PENINSULA COLLEGE FOUNI	ΑΨΤΟΝ				
	Name change		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		91-1	15897	49
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephor	ne number	r
	☐Final return/	1502 EAST LAURIDSEN BOU	JLEVARD		360-	-417-0	6400
	termin- ated	City or town, state or province, country, and 2			G Gross receip	ots\$	3,289,840.
	Amend return	PORT ANGELES, WA 30302			H(a) Is this		
	Application	F Name and address of principal officer: UEA			for sub	ordinates	? Yes X No
	pendin	11502 EAST LAURIDSEN BOUL		ELES,	H(b) Are all su	bordinates in	cluded? Yes No
<u> </u>	ax-exe	mpt status: X 501(c)(3) 501(c) (or 527	If "No,'	' attach a	list. See instructions
	Vebsit				H(c) Group		
			sociation Other	L Year	of formation:	1996 n	1 State of legal domicile: WA
Pa	rt I	Summary					
Φ		Briefly describe the organization's mission or most					
auc		SUCCESS FOR THE PENINSULA					
Activities & Governance	l	Check this box if the organization discor		sed of more	than 25% of	1 1	
Š		Number of voting members of the governing body (10 10
<u>«</u>		Number of independent voting members of the gov					0
ies		Total number of individuals employed in calendar y					0
₹		Total number of volunteers (estimate if necessary)					0.
Ac		Total unrelated business revenue from Part VIII, col				7a 7b	0.
	D	Net unrelated business taxable income from Form 9	990-1, Part I, line 11		Prior Yea		Current Year
	8	Contributions and grants (Part VIII, line 1h)			1,323		1,044,989.
ne	I				1,525	0.	0.
Revenue	l .	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		251	,934.	407,830.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			231	0.	0.
	l .	Fotal revenue - add lines 8 through 11 (must equal			1,575		1,452,819.
		Grants and similar amounts paid (Part IX, column (A				643.	1,336,545.
	l .	Benefits paid to or for members (Part IX, column (A				0.	0.
'n	45 .	Salaries, other compensation, employee benefits (F			37	,645.	95,602.
se	16a i	Professional fundraising fees (Part IX, column (A), li				0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line		90.			
й	17	Other expenses (Part IX, column (A), lines 11a-11d,				,653.	
		Total expenses. Add lines 13-17 (must equal Part I)			1,026		1,747,904.
	19	Revenue less expenses. Subtract line 18 from line			548	,876.	-295,085.
P S				Ве	ginning of Curi	ent Year	End of Year
sets	20	Total assets (Part X, line 16)			7,684		7,712,622.
Net Assets or	21	Total liabilities (Part X, line 26)				,085.	609,639.
캺	22	Net assets or fund balances. Subtract line 21 from	line 20		7,146	,488.	7,102,983.
	art II	Signature Block					
		ties of perjury, I declare that I have examined this return,				•	knowledge and belief, it is
true,	correc	a, and complete. Declaration of preparer (other than office	r) is based on all information of wl	nich preparer	has any knowle	edge.	
٠.		Signature of officer			Date	1	
Sigi		•			Daic	,	
Her	е	JEANNE MARTIN, TREASURER Type or print name and title					
		, , , , , , , , , , , , , , , , , , ,	Dranavaria aignatuus	Тг	Date	Check	PTIN
Paid		Print/Type preparer's name LONNIE RICH CPA	Preparer's signature	'		if self-employe	ᅴ
	arer	Firm's name AIKEN & SANDERS IN	JC PS		Eirm		1-0870697
	Only	Firm's address 324 S MAIN ST UNIT			FILL	ISEIN 9	<u> </u>
550	Jiny	MONTESANO, WA 9856			Pho	ne no 36	0-533-3370
May	the IF	S discuss this return with the preparer shown above			1110	110 110.5	X Yes No

Pa	Charlet (Ocharlet & Ocharlet & Oc
	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.
	COMMONTAL DI INCVIDING I GNODO I GN. DI GODINIO I INCOMMID.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	PENINSULA COLLEGE FOUNDATION MANAGES 25 ENDOWMENTS AND NEARLY 150
	INDIVIDUAL PROGRAM AND SCHOLARSHIP FUNDS. MOST SCHOLARSHIPS APPLY TO
	ANY FINANCIAL-AID ELIGIBLE EXPENSE. EMERGENCY SUPPORT HAS BECOME A
	HALLMARK OF THE PC FOUNDATION, PROVIDING ESSENTIAL SUPPORT TO STUDENTS
	EXPERIENCING UNEXPECTED FINANCIAL EMERGENCIES THAT THREATEN TO DERAIL
	THEIR EDUCATION. IN ADDITION TO SUPPORTING NEW AND EXISTING PROGRAMS,
	THIS YEAR INCLUDED ADDITIONAL SCHOLARSHIPS TO SUPPORT ENROLLMENT IN
	NEWLY LAUNCHED PROGRAMS, CERTIFICATES, AND DEGREES.
4b	(Code:) (Expenses \$ 794,097. including grants of \$ 681,839.) (Revenue \$)
	FOUNDATION AWARDS FOR STUDENTS AND PROGRAMS COME FROM ENDOWMENT
	EARNINGS AND DONOR/PARTNER GIVING AND ALIGN WITH PENINSULA COLLEGE'S
	STRATEGIC GOALS. THIS YEAR'S GRANTS PRIMARILY SUPPORTED FACULTY
	RESEARCH/PROFESSIONAL DEVELOPMENT, EMERGENCY FUNDING FOR STUDENTS, ENROLLMENT IN NEWLY LAUNCHED PROGRAMS, TRANSITIONAL STUDIES (FOR
	ENROLLMENT IN NEWLY LAUNCHED PROGRAMS, TRANSITIONAL STUDIES (FOR STUDENTS SEEKING A HIGH SCHOOL DIPLOMA), TESTING FEES, COMMUNITY
	OUTREACH, AND ALLIED HEALTH PROGRAMS.
	COTREACH, AND ADDIED HEADTH FROGRAMS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,557,052.
	Form 990 (2023)

Form 990 (2023) PENINSULA COLLEGE FOUNDATION 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
·	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,	Ť		
'		7		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
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?			
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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			
u		11d		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 Ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	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		<u> X</u>
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ _		 -
.0		18		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	,	40		x
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2023) PENINSULA COLLEGE FOUNDATION
Part IV Checklist of Required Schedules (continued)

	. ,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24 a	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			v
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C		24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-70		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			7.7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		Х
29	"Yes," complete Schedule L, Part IV	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
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		Х
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	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			7.7
	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?			v
27	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	27		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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023) PENINSULA COLLEGE FOUNDATION

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

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and convices provided to the payor?	70	X	
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes " did the organization potify the dopor of the yalue of the goods or services provided?	7a 7b	X	
р	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	יט	- 41	
С	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
3	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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 books and records			
	CHERYL CRANE, EXECUTIVE DIRECTOR - 360-417-6400			
	1502 EAST LAURIDSEN BOULEVARD, PORT ANGELES, WA 98362			

Part VIII 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not cl , unles	Pos heck i	ition	l than	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) GETTA WORKMAN PRIOR EXECUTIVE DIRECTOR	40.00			Х				0.	112 052	0.
	40.00			Λ				0.	112,052.	U•
(2) CHERYL CRANE EXECUTIVE DIRECTOR	40.00	-		х				0.	49,166.	0.
(3) PAUL CUNNINGHAM	2.00							•	45,100.	•
PAST PRESIDENT	2.00	х		Х				0.	0.	0.
(4) JEANNE MARTIN	2.00									
CO-TREASURER		Х		Х				0.	0.	0.
(5) RAY GRUVER	2.00									
CO-TREASURER		Х		Х				0.	0.	0.
(6) DAVE NEUPERT	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) S. BROOKE TAYLOR	0.50									
EMERITUS		Х						0.	0.	0.
(8) KATHY CHARLTON	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(9) JIM WALTON	0.50]							_	_
BOARD MEMBER		Х						0.	0.	0.
(10) VALERIE FRATUS	2.00	1							_	_
SECRETARY		Х		Х				0.	0.	0.
(11) BRIDGETTE GRAHAM	0.50	1							_	
BOARD MEMBER		Х						0.	0.	0.
(12) ELLIE POLK	0.50	ļ								
BOARD MEMBER		Х						0.	0.	0.
		1								
	1	1				_		I		Form 990 (2022)

	t VII Section A. Officers, Directors, Trus		J.Oy				gnes	i C		'	I		
	(A)	(B)			(C Posi				(D)	(E)		(F)
	Name and title	Average		not cl	neck r	more	than o		Reportable	Reportable		Estima	
		hours per week		, unles cer an					compensation	compensation	ן ו	amoui	
		(list any	\vdash						from the	from related organizations		oth compen	
		hours for	director				_		organization	(W-2/1099-MIS		from	
		related	96 Or	stee			sate		(W-2/1099-MISC/	1099-NEC)	,	organiz	
		organizations	truste	al tru:		yee	mper		1099-NEC)	,		and re	
		below	Individual trustee or	Institutional trustee	je.	Key employee	Highest compensated employee	ler.	·			organiz	ations
		line)	Indiv	Instii	Officer	Key e	High	Former					
											_		
1b	Subtotal								0.	161,21	8.		0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
_d	Total (add lines 1b and 1c)								0.	161,21	8.		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			_
	compensation from the organization											1.	0
_	5										Г	Ye	s No
3	Did the organization list any former officer,			еу е	mple	oye	e, or	hig	hest compensated empl	oyee on	- 1		37
	line 1a? If "Yes," complete Schedule J for s											3	X
4	For any individual listed on line 1a, is the su										- 1		₩
_	and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a	•				,		elate	ed organization or individ	lual for services	ŀ	5	X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	<u>ipiete Schedule</u>	9 <i>J T</i>	or su	cn r	pers	on .					3	21
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	ion from	
	the organization. Report compensation for	=	-							· · · · · · · · · · · · · · · · · · ·			
	(A)								(B)			(C)	
	Name and business	address	NC	ONE	:			_	Description of s	ervices	C	ompensat	ion
								\dashv		+			
								_					
_	Total as such as of trades and to the first of the first	a alterative at 1	_1 ''	204	14	Lla ·	!!		alana) what was the first	una Albania			
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)		ot lin	nitec	l to t	thos		ted	above) who received mo	ore than			

91-1589749

Form 990 (2023)
Part VIII

Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
s s	1 :	Federated campaigns 1a					
ants							
<u> </u>							
fts,		<u> </u>					
ig igi							
ns,		Government grants (contributions)					
er S	1	All other contributions, gifts, grants, and	1 044 000				
현된		similar amounts not included above 1f	1,044,989.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f 1g	262,490.	1 011 000			
<u>a ö</u>		Total. Add lines 1a-1f		1,044,989.			
			Business Code				
မွ	2	ı					
Program Service Revenue	١						
S Z	(;					
am		i					
Pg B							
ď	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		195,187.			195,187.
	4	Income from investment of tax-exempt bond pr		·			
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		A Not rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	,		(ii) Other				
		Less: cost or other basis					
ng		and sales expenses 7b 1,837,021. Gain or (loss) 7c 212,643.					
eve				212 642			212 642
her Revenue		d Net gain or (loss)		212,643.			212,643.
the	8	Gross income from fundraising events (not					
Ö		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
	•	Net income or (loss) from fundraising events					
	9 :	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ı	D Less: direct expenses9b					
	(Net income or (loss) from gaming activities					
	10	Gross sales of inventory, less returns					
		and allowances 10a					
	ı	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 :	ı					
ne	ı)					
ella		;					
<u>sc</u>	Ì	All other revenue					
Σ	Ì	• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,452,819.	0.	0.	407,830.

332009 12-21-23

	Statement of Lunctional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,336,545.	1,336,545.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees				
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	95,602.	76,482.	14,340.	4,780.
7	Other salaries and wages	22,002.	10,402.	17,340.	±,/00•
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	0.450		0.150	
	Accounting	8,150.		8,150.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	345.		345.	
12	Advertising and promotion				
13	Office expenses	2,520.		2,520.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		2,575.		2,575.	
24	Other expenses. Itemize expenses not covered	= , 0 , 0 ,		=,3,3,	
<u>-7</u>	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 0.)	262 400	110 574	01 006	67 010
a	INKIND EXPENSE	262,490.	110,574.	84,006.	67,910.
b	PIRATE ATHLETIC ASSOCIA	33,451.	33,451.	E 441	
С	MISCELLANEOUS PROFESCIONAL DEVELOPMENT	5,441.		5,441.	
d	PROFESSIONAL DEVELOPMEN	785.		785.	
е	All other expenses	1 745 004	1 555 050	110 160	TO 600
25	Total functional expenses. Add lines 1 through 24e	1,747,904.	1,557,052.	118,162.	72,690.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Farra 990 (2002)

art 2	^	Balance Sneet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,853,261.	1	1,515,578
:	2	Savings and temporary cash investments				2	
;	3	Pledges and grants receivable, net	203,859.	3	65,536		
4		Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantia	contributor, or 35%			
		controlled entity or family member of any of the	hese pei	sons		5	
(6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	bed in se	ection 4958(c)(3)(B)		6	
: ي	7	Notes and loans receivable, net			100,000.	7	
133617	8	Inventories for sale or use				8	
()	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1			
	b	Less: accumulated depreciation		•		10c	
1	1	Investments - publicly traded securities				11	5 4 5 4 5 5
12	2	Investments - other securities. See Part IV, lin	5,527,453.	12	6,131,50		
13	3	Investments - program-related. See Part IV, lir				13	
14		Intangible assets		14			
1	5	Other assets. See Part IV, line 11			E 604 EE2	15	E E10 C0
10		Total assets. Add lines 1 through 15 (must e			7,684,573.	16	7,712,62
17		Accounts payable and accrued expenses	95,470.	17	126,44		
18		Grants payable		18			
19		Deferred revenue				19	
20		Tax-exempt bond liabilities			440 615	20	402 10
2		Escrow or custodial account liability. Complet			442,615.	21	483,19
22	2	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sul					
2	_	controlled entity or family member of any of the				22	
2		Secured mortgages and notes payable to unr				23	
24		Unsecured notes and loans payable to unrela				24	
2	5	Other liabilities (including federal income tax, parties, and other liabilities not included on lir					
		of Schedule D	1165 17-2	4). Complete Part X		25	
26	6	Total liabilities. Add lines 17 through 25			538,085.	26	609,639
+=		Organizations that follow FASB ASC 958, c	heck he	ere X	33070031	20	003703
:		and complete lines 27, 28, 32, and 33.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2	7				210,696.	27	166,95
28		Net assets with donor restrictions			6,935,792.	28	6,936,03
	_	Organizations that do not follow FASB ASC			.,,		, , , , , , , , ,
		and complete lines 29 through 33.					
29	9	Capital stock or trust principal, or current fund	ds			29	
30		Paid-in or capital surplus, or land, building, or				30	
3		Retained earnings, endowment, accumulated				31	
25 25 25 30 33 33 33 33		Total net assets or fund balances			7,146,488.	32	7,102,983
3		Total liabilities and net assets/fund balances			7,684,573.	33	7,712,622

Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1 2 3 4 5 6 7 8	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	1 2 3 4 5 6 7 8	1, 1,	452 74 -295	7,9 5,0 5,4	19. 04. 85. 88. 80.
9		9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		102	2,9	83.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			<u> </u>
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 on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		- [2a	Yes	No X
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			2b	Х	
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 School			2c	Х	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.			За		х
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

<u> 2023</u>

OMB No. 1545-0047

Open to Public Inspection

PENINSULA COLLEGE FOUNDATION

Employer identification number 91 – 1589749

Pa	rt I	Reason for Public C		(All organizations must o		nis part) S	ee instructions	1 1303743
		zation is not a private found					ce manaciona.	
1		A church, convention of chi					IV A Vi)	
	H					11/0(0)(1	(A)(I).	
2	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	Ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
_	77	city, and state:						
5	X	An organization operated for		lege or university owned	or operat	ed by a go	vernmental unit describe	ea in
		section 170(b)(1)(A)(iv). (C						
6	Щ	A federal, state, or local gov	-				•	
7		An organization that normal	-	ntial part of its support fi	rom a gove	ernmental i	unit or from the general _l	public described in
		section 170(b)(1)(A)(vi). (Co	•					
8	\square	A community trust describe			-			
9	Ш	An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
		university:						
10		An organization that normal	•				•	*
		activities related to its exem	pt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busing	ess taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or
		more publicly supported org	•					Check the box on
	_	lines 12a through 12d that o	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	oorted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
	_	organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by have	/ing
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	juirement and an attenti	veness
	_	requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	inization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.		
f		r the number of supported o	•					
g		ide the following information			(iv) le the oraș	anization listed	(v) Amount of monetary	(vi) Amount of other
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See Motradions)	Support (See motruotions)
	_							

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.)

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not) 2023 (f) Total							
1 Gifts, grants, contributions, and								
include any "unusual grants.") 1156352. 1087512. 1187899. 1323883. 104	14989. 5800635.							
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								
	14989. 5800635.							
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.	5800635.							
Section B. Total Support	1 30000331							
) 2023 (f) Total							
	14989. 5800635.							
8 Gross income from interest,	30000331							
dividends, payments received on								
securities loans, rents, royalties,								
and income from similar sources 178,177. 146,165. 278,664. 245,542. 195	5,187. 1043735.							
	7,107. 1043733.							
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.)	6844370.							
11 Total support. Add lines 7 through 10	0044370.							
12 Gross receipts from related activities, etc. (see instructions)								
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)								
organization, check this box and stop here Section C. Computation of Public Support Percentage								
14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	84.75 %							
15 Public support percentage from 2022 Schedule A, Part II, line 14								
	T7							
stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more								
and stop here. The organization qualifies as a publicly supported organization								
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line								
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how								
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and								
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part V								
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and	/I how the							

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

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

Sed	etion A. Public Support	ciow, picase comp	Sicie Fart II.				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 512						
4	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,	, ,				•
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			P A P		18	%
19a	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the		-		•		
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
5		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40-		
10a		
10b		
מטו		

Par	t IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	r		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	s,		
	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 supporte	<u>.</u>		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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			
01	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	, , , , , , , , , , , , , , , , , , ,	ional		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below.	10115).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	(2)	
	Activities Test. Answer lines 2a and 2b below.	ee iristruction	Yes	No
	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.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		,	
Sect	on 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	on B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	I Type III supporting orga	nization (see
	instructions)	, ,		•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.

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

Employer identification number

P:	ENINSULA COLLEGE FOUNDATION	91-1589749				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	check if your organization is covered by the General Rule or a Special Rule . lote: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from s exclusively for religious, charitable, etc., purposes, but no such contributions totaled refere the total contributions that were received during the year for an exclusively religion amplete any of the parts unless the General Rule applies to this organization because its etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>				
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (le 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Pl are requirements of Schedule B (Form 990).	<i>"</i>				

Schedule B (Form 990) (2023)

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.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 234,326.	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		\$ 56,975.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>25,559.</u>	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
5		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 25,000.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

PENINSULA COLLEGE	FOUNDATION	91-1589749

Part I Contri	butors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8</u>		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	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 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 Occupation (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.	\$\$ <u>234,326.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	CASINO NIGHT BANQUET SPACE, F&B AND AUCTION ITEMS	\$\$	
(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** PENINSULA COLLEGE FOUNDATION 91-1589749 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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	d funds
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
		and the body of the Co	
C	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included on line 2c acqu		
2	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the c	organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
J	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	g,g,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
			.
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemer	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	·	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in furt	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	•	gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		\$
		- for Form 000	
LHA	For Paperwork Reduction Act Notice, see the Instructions	S IUI FORM 99U.	Schedule D (Form 990) 2023

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

	dule D (Form 990) 2023 PENINSUL	A COLLEGE	${ t FOUNDATION}$	N .	91-1	<u> 58974</u>	<u>9</u> Р	_{age} 2
Par	t III Organizations Maintaining Co	llections of Art,	Historical Tre	asures, or Othe	er Similar Asse	ets (conti	inued)	
3	Using the organization's acquisition, accession	, and other records,	check any of the f	ollowing that make s	significant use of it	ts		
	collection items (check all that apply).	,	,	· ·	•			
а	Public exhibition	Ь	Loan or exc	hange program				
b	Scholarly research	e	Other	0 1 0				
	Preservation for future generations	e						
C						4 VIII		
4	Provide a description of the organization's coll					art XIII.		
5	During the year, did the organization solicit or				r assets	 ,		٦
Dai	to be sold to raise funds rather than to be main					Yes		No
Par	t IV Escrow and Custodial Arrange		e if the organization	answered "Yes" on	Form 990, Part IV	, line 9, or		
	reported an amount on Form 990, Part	·						
1a	Is the organization an agent, trustee, custodiar							_
	on Form 990, Part X?				[Yes	X	. No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	wing table:					
						Amour	nt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on For				litv?	X Yes		No
	If "Yes," explain the arrangement in Part XIII. C		•				X	_
Par					10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Fou	ır years	back
1a	Beginning of year balance	5,014,885.	4,477,187.	5,386,291.	4,157,48		,953	954.
b	Contributions	240,677.	164,929.	140,681.	453,66			274.
c	Net investment earnings, gains, and losses	477,580.	399,211.	-912,176.				090.
d	Grants or scholarships	84,829.	26,442.	137,609.	150,05			836.
	Other expenditures for facilities	, , , , , ,						,
-								
	and programs							
	Administrative expenses	5,648,313.	E 014 00E	4,477,187.	5,386,29	1 1	157	100
g	End of year balance	· · ·	5,014,885.		3,300,29	1. 4	,157	,402.
2	Provide the estimated percentage of the current	nt year end balance) neid as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment 87.9000	%						
С	Term endowment 12.1000 %							
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
За	Are there endowment funds not in the possess	ion of the organizati	on that are held ar	nd administered for t	he			
	organization by:						Yes	No
	(i) Unrelated organizations?					3a(i)		X
	(m) = 1 · · · · · · · · · · · ·					l =		Х
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the o							
Par	t VI Land, Buildings, and Equipme							
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or oth	ner (b) Cost	or other (c) A	Accumulated	(d) Boo	ok valu	ie
		basis (investme	ent) basis	(other) de	epreciation			
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
-	1 1 ******							

Schedule D (Form 990) 2023

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

Schedule D ((Form 990) 2023	
D 1 1 // II		_

(b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d-of-year market value
6,131,508.	END-OF-YEAR MARKET	VALUE
6 131 509		
0,131,300.		
on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
		d-of-vear market value
. ,	•	
	1d. See Form 990, Part X, line 15.	
Description		(b) Book value
		1
. (B))		
on Form 000 Dort IV line 1	10 or 11f Coo Form 000 Port V line 05	
on Form 990, Part IV, line 1	Te or TTI. See Form 990, Part X, line 25	1
		(b) Book value
		+
		+
		+
		+
		+
		+
		+
		+
(2))		+
		leak war as to the
	(b) Book value on Form 990, Part IV, line 1 Description (B) on Form 990, Part IV, line 1	on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or end on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Description

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	A COLLEGE FOUNDA			LJUJ/ I J Page
Part XI Reconciliation of Revenue per		•	eturn	
Complete if the organization answered	dita di finanza i al atatana anta		1	1,704,399.
1 Total revenue, gains, and other support per au	••••		7	1,704,399.
2 Amounts included on line 1 but not on Form 9	· ·	2a 251,580		
a Net unrealized gains (losses) on investmentsb Donated services and use of facilities				
Recoveries of prior year grants Other (Describe in Part XIII.)				
			2e	251,580.
3 Subtract line 2e from line 1			3	1,452,819.
4 Amounts included on Form 990, Part VIII, line				1,132,013.
a Investment expenses not included on Form 99	•	4a		
A 11P 4 14P			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must e			5	1,452,819.
Part XII Reconciliation of Expenses per	er Audited Financial Stat	ements With Expenses per		
Complete if the organization answered	"Yes" on Form 990, Part IV, line	12a.		
1 Total expenses and losses per audited financia	l statements		1	1,747,904.
2 Amounts included on line 1 but not on Form 9	90, Part IX, line 25:			
a Donated services and use of facilities		2a		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		1 I		
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	1,747,904.
4 Amounts included on Form 990, Part IX, line 2				, , , , , , , , ,
a Investment expenses not included on Form 99	·	4a		
	o, i are viii, iii o i b			
A 11P 4 14P			4c	0.
5 Total expenses. Add lines 3 and 4c. (This mus			5	1,747,904.
Part XIII Supplemental Information	requal Form 990. Part I, line 18.			1,717,5010
Provide the descriptions required for Part II, lines 3, 4 lines 2d and 4b; and Part XII, lines 2d and 4b. Also c			4; Part X	, line 2; Part XI,
PART IV, LINE 2B:				
THE FOUNDATION IS ACTING A	S CUSTODIAN FOR	FUNDS HELD ON BEHA	LF OF	י
PENINSULA COLLEGE. THESE FU	JNDS ARE INVESTE	D ALONGSIDE FOUNDA	rion	ENDOWMENT
FUNDS. HOWEVER, AS OPPOSED	TO OTHER INVEST	MENTS AND ENDOWMEN	r FUN	IDS HELD
BY THE FOUNDATION, PENINSU	LA COLLEGE RETAI	NED ALL RIGHTS TO	THE E	UNDS.
PART V, LINE 4:				
THE FOUNDATION MANAGES END	OWMENTS THAT ARE	PERMANENTLY RESTR	ICTET).
INVESTMENT EARNINGS, BUT NO				
SCHOLARSHIPS, FACULTY GRAN			,1	
DOMODIANDITED, PACCETT GRAM.	C WIND EVOCUMIN S	OLIOKI•		

PART X, LINE 2:

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization PENINSULA	COLLEGE	FOUNDATION					Employer identification number $91-1589749$
Part I General Information on Grants ar							
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?					stance, and the selecti	77
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "\	es" on Form 990, Parl	t IV, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	-		ne line 1 table		<u>.</u>		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT SUPPORT: THE FOUNDATION PROVIDES					
SCHOLARSHIPS, GRANTS AND EMERGENCY SUPPORT FOR					
STUDENTS.	155	654,706.	0.		
THE FOUNDATION PROVIDED 8 GRANT BLOCKS TO THE	133	034,700.	0.		
COLLEGE FOR PROGRAM AND STUDENT SUPPORT (DENTAL					
HYGIENE, EXCEPTIONAL FACULTY, MEDIA TECH,					
EMERGENCY FUNDS, TRANSITIONAL STUDIES, TESTING	64	681,839.	0.		
,		, -	-		
Part IV Supplemental Information. Provide the information re					

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

PART I, LINE 2:

STUDENT SCHOLARSHIPS AND GRANTS: THE AMOUNT OF SCHOLARSHIPS AND GRANTS

PROVIDED TO STUDENTS IS DIRECTLY RELATED TO ENDOWMENT AWARD DETERMINATIONS

(AS SPECIFIED IN THE BOARD APPROVED "INVESTMENT SPENDING POLICY") AND DONOR

GIVING. THERE IS A COMPETITIVE APPLICATION PROCESS FOR STUDENT

SCHOLARSHIPS, CREATED IN COLLABORATION WITH THE COLLEGE, TO MEET THE NEEDS

OF THE COLLEGE AND STUDENTS WHILE HONORING THE AWARD CRITERIA SET BY

DONORS. LEAD BY THE FOUNDATION MANAGER, A VOLUNTEER COMMITTEE COMPRISED OF

PC EMPLOYEES FROM ACROSS THE COLLEGE REVIEWS AND SCORES SCHOLARSHIP

Part IV | Supplemental Information

APPLICATIONS BASED ON SPECIFIC AWARD CRITERIA. AWARDS ARE SPLIT EQUALLY

OVER EACH QUARTER AND STUDENT PERFORMANCE IS MONITORED BY THE COLLEGE TO

ENSURE AWARD CRITERIA IS MET. IF AWARD CRITERIA IS NOT MET, THE FUNDS ARE

NOT DISBURSED AND THE SCHOLARSHIP IS FORFEITED AND USED FOR A FUTURE

AWARDEE.

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

FACULTY, STAFF AND PROGRAMS ARE DIRECTLY RELATED TO ENDOWMENT AWARD

DETERMINATIONS AND DONOR GIVING. 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 FACULTY AWARD SELECTION

TEAM IS COMPRISED OF COLLEGE LEADERSHIP STAFF WHO ARE KNOWLEDGEABLE OF

AVAILABLE COLLEGE FUNDS FOR LEVERAGING FOUNDATION AWARDS. GRANT RECIPIENTS

REPORT BACK TO THE FOUNDATION ON THE OUTCOME OF GRANT-RELATED ACTIVITIES.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: THE FOUNDATION PROVIDED 8 GRANT BLOCKS

TO THE COLLEGE FOR PROGRAM AND STUDENT SUPPORT (DENTAL HYGIENE,

EXCEPTIONAL FACULTY, MEDIA TECH, EMERGENCY FUNDS, TRANSITIONAL STUDIES,

TESTING FEES, OUTREACH, ATHLETICS). DESIGNATED FUNDS ALSO SUPPORTED 17

OTHER PROGRAMS/ACTIVITIES THROUGHOUT THE YEAR.

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

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

2023

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

	PENINSULA CO	LLEGE :	FOUNDATIO	N			91-1	589	749	
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		_	s
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									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts			1.00						
25	Other (STAFF SALARIES)	X	1				MARKET			
26	Other (PROGRAM SUPPLIE)	X	1				MARKET			
27	Other (PROGRAM SUPPLIE)	X	6	28,	,165.	FAIR	MARKET	VA.	LUE	•
28	Other (
29	Number of Forms 8283 received by the organize									
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ementL	29					
									Yes	No
30a	During the year, did the organization receive by						t it			
	must hold for at least 3 years from the date of t									37
	exempt purposes for the entire holding period?	?						30a		X
	If "Yes," describe the arrangement in Part II.					. 0				37
31	Does the organization have a gift acceptance p					tions?		31		X
32a	Does the organization hire or use third parties of		_							37
_	contributions?							32a		X
	If "Yes," describe in Part II.	- h () ((-):- ·	-11				
33	If the organization didn't report an amount in codescribe in Part II.	oiumn (c) foi	r a type of property	/ tor which column ((a) is ched	скеа,				

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

Schedule M (Form 990) 2023

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

DENTACITA COLLECE ECIMDAMION

Employer identification number 91 – 1589749

91-1589749 PENINSULA COLLEGE FOUNDATION 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) 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 SALARY STRUCTURE.

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

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** PENINSULA COLLEGE FOUNDATION 91-1589749 FOUNDATION'S WEBSITE (WWW.PENCOL.EDU/FOUNDATION) AND AVAILABLE UPON REQUEST BY CONTACTING THE FOUNDATION OFFICE AT 360-417-6400. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUEST OF THE FOUNDATION OFFICE AT 360-417-6400. THESE DOCUMENTS AND MORE ARE ALSO AVAILABLE ONLINE AT THE FOUNDATION'S WEBSITE: WWW.PENCOL.EDU/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 STAFF TO OVERSEE THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE FOUNDATION BOARD ASSUMES THE OVERALL RESPONSIBILITY AND OVERSIGHT OF THE COMPLETED AUDIT, AND REVIEWING AND APPROVING THE FINDINGS AT A MEETING OF THE FULL BOARD.

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2023

Employer identification number

PENINSULA COLLEGE FOUNDATION							91-1589749			
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year		sets Direct cont		I		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more	related tax-exer	npt			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	Section 5 contr ent	olled ity?		
							Yes	No		

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box	managir partner	(k) Percentage ownership
		country)		Sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction (b)(13) rolled tity?
202 MANAGER LLC - 81-3442391			PENINSULA						
PORT ANGELES, WA 98362	RENTAL REAL ESTATE		COLLEGE FOUNDATION	C CORP	-29,577.	7,151,163.	100%	х	
	-								

Page 3

Yes No

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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?

b Gift, grant, or capital contribution to related organization(s)				1b	X		
c Gift, grant, or capital contribution from related organization(s)				1c	X		
d Loans or loan guarantees to or for related organization(s)							
e Loans or loan guarantees by related organization(s)				1e	X		
f Dividends from related organization(s)				1f	X		
g Sale of assets to related organization(s)							
h Purchase of assets from related organization(s)				1h	X		
i Exchange of assets with related organization(s)				1i	X		
j Lease of facilities, equipment, or other assets to related organization(s)				1j	X		
k Lease of facilities, equipment, or other assets from related organization(s)				1k	X		
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)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
Sharing of paid employees with related organization(s)							
					X		
p Reimbursement paid to related organization(s) for expenses							
q Reimbursement paid by related organization(s) for expenses				1q	X		
r Other transfer of cash or property to related organization(s)				1r	X		
s Other transfer of cash or property from related organization(s)				1s	X		
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete th	is line, including covered relat	ionships and transaction thresholds.				
(a) Name of related organization	(b)	(c)	(d)				
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	ivoivea			
	1,700 (0.0)						
(1)							
(0)							
(2)							
(0)							
(3)							
(4)							
(4)							
(E)							
(5)							
(6)			الداد د باري	D (Easses 2)	00) 2002		
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Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	Dispr tior alloca Yes	opor- nate tions?	Genera manag partn	(k) al or Percentaging ownership No
	-								
	-								
	-								
	-								
	-								
	-								