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

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

2019
Open to Public Inspection

Α	For th	e 2019 calendar year, or tax year beginning JUL 1, 2019 and c	ending J	UN 30, 2020				
В	Check if applicab	C Name of organization		D Employer identifi	cation number			
	Addre				4.0			
L	Name	Doing business as		91-15897	49			
	Initial return Final	1502 FAST LAURIDSEN BOULEVARD	Room/suite	E Telephone numbe 360-417-				
_	return∟ termir			4 550 004				
Г	ated Amen return	City or town, state or province, country, and ZIP or foreign postal code	3	G Gross receipts \$ H(a) Is this a group re				
Г	Applic			for subordinates				
	pendi	1502 EAST LAURIDSEN BOULEVARD, PORT AND	RELES		ncluded? Yes No			
_	-	empt status: X 501(c)(3)						
		te: NWW.PENCOL.EDU/FOUNDATION	327	1	list. (see instructions)			
			I. Vaan	H(c) Group exemptio				
-			L Year	or formation; 1990 N	State of legal domicile: WA			
P	art I	Summary	DTATO A	COECC EVOR	T T ENICE AND			
9	1	Briefly describe the organization's mission or most significant activities: CREAT SUCCESS FOR THE PENINSULA COLLEGE COMMUNI	LING A	DROWINING	FINDS EOD			
Activities & Governance								
ē		Check this box if the organization discontinued its operations or dispos		1 1	ssets.			
õ				3				
৺		Number of independent voting members of the governing body (Part VI, line 1b)			10			
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0			
Σį		Total number of volunteers (estimate if necessary)			0			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 39			0.			
				Prior Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)		1,710,060.	1,156,352.			
eur	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		169,404.	36,397.			
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,973.	-656.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,875,491.	1,192,093.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		547,418.	615,151.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		99,733.	102,173.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)	92.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		389,581.	320,861.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,036,732.	1,038,185.			
	19	Revenue less expenses. Subtract line 18 from line 12		838,759.	153,908.			
Net Assets or			Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		5,814,902.	6,205,264.			
ABS	21	Total liabilities (Part X, line 26)		560,219.	621,486.			
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		5,254,683.	5,583,778.			
P	art II	Signature Øløck						
		lties of perjury, I declare that I have examined this teturn, including accompanying schedules			y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	1			
		I for my		91281	loze			
Sig	ın	Signature of officer		Date/				
He		▶ PAUL CUNNINGHAM, BOARD PRESIDENT		•				
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		ate Check	PTIN			
Pai	d	LONNIE RICH CPA		self-employe				
Pre	parer	Firm's name AIKEN & SANDERS INC PS			91-0870697			
Use	Only	Firm's address 324 S MAIN STREET UNIT A						
		MONTESANO, WA 98563-4502		Phone no. 36	0-533-3370			
Ma	y the II	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CREATING ACCESS, EXCELLENCE AND SUCCESS FOR THE PENINSULA COLLEGE
	COMMUNITY BY PROVIDING FUNDS FOR STUDENTS AND PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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 \$ 466,957. including grants of \$ 326,837.) (Revenue \$)
	THE FOUNDATION CURRENTLY MANAGES 21 ENDOWMENT FUNDS AND 120 DONOR
	RESTRICTED FUNDS FOR SCHOLARSHIPS AND PROGRAMS. IN 2019-20, 616
	INDIVIDUAL STUDENT AWARDS WERE MADE, RANGING FROM PUBLIC TRANSIT PASSES
	AND BOOK PURCHASES TO EMERGENCY AID AND FULL-RIDE SCHOLARSHIPS. EVERY
	STUDENT RECEIVING EMERGENCY AID PERSISTED, COMPLETING THE QUARTER
	DURING WHICH THEY WERE AWARDED. THE FOUNDATION WORKS WITH PARTNERS,
	LIKE UNITED WAY AND THE CLALLAM PROMISE SCHOLARSHIP PARTNERS, TO MEET
	SPECIFIC STUDENT NEED. IT MANAGES A ROBUST IN-KIND GIVING PROGRAM, ALLOWING INDIVIDUALS AND BUSINESSES TO CONTRIBUTE BOTH MONETARILY AND
	WITH DONATIONS OF EQUIPMENT, SUPPLIES, MATERIALS OR TIME. EVERY PC PROGRAM IS IMPACTED BY FOUNDATION GIVING.
	PROGRAM IS IMPACIED BY FOUNDATION GIVING.
41-	(Code:) (Expenses \$ 411,918 • including grants of \$ 288,314 •) (Revenue \$)
4b	(Code:) (Expenses \$ 411,918 · including grants of \$ 288,314 ·) (Revenue \$) AWARDS FOR STUDENTS AND PROGRAMS COME FROM ENDOWMENT EARNINGS AND
	DONOR/PARTNER GIVING. FACULTY AND PROGRAM GRANTS ALIGN WITH THE
	COLLEGE'S STRATEGIC GOALS. THIS YEAR'S GRANTS SUPPORTED THE HUMANITIES
	DIVISION, FACULTY RESEARCH AND PROFESSIONAL DEVELOPMENT, BASIC
	EDUCATION STUDENTS, STUDENT SERVICES ACTIVITIES, CAMPUS VETERAN'S
	CENTER, FOOD PANTRY AND MORE.
	CHAINT, 100D THATRI THAD HORD.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (vote), (vote) vote vote, (vote) vote vote vote vote vote vote vote vote
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 878,875.
	Form 990 (2019)

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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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 Revenue Procedure 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			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
_	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	Х	
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	па		
ь	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	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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		х
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	175		
	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ •
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Х
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
۲ ا	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV | Checklist of Required Schedules (continued)

			V	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		X
h	Schedule K. If "No," go to line 25a	24a 24b		Α_
	Did the organization mivest 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	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	х	- 25
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		Х
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			37
•	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	Х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38		
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2019) PENINSULA COLLEGE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Edu Form Celebration (1997) and the statements of the form of the statement of th				Yes	No			
b If a least one is reported on line 2a, did the organization file all required to e-file (see Instructions) Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 0						
3a Dix Brown the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes', his it filed a Form 9907 for this year? If Whi? to file all, your provide an explanation on Schedule O. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, securities account, or other financial accountly or the foreign country. 5c Be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Bush to organization a part y to a prohibited tax shelter transaction? 5c Bush and the same of the design and the organization file Form 88817. 5c Bush and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Bush organization and the organization is a charitable contributions? 6c Bush organization and the organization is a charitable contributions? 6c Bush organization and the organization is a charitable contributions? 6c Bush organization and the organization is a charitable contributions? 6c Bush organization and the organization is a charitable contributions? 6c Bush organization and the organization in the organization and partly for goods and services provided to the payor? 7c Bush of Yes, 'indicate the number of forms 8882 filed during the year. 6c Did the organization and partly forms 8883 as required to the Form 8884? 7c Did the organization received an contribution of qualified intellectual property, did the organization file a form 10se-07. 7d Supposed to the organization and payor the year organization received an contribution of qualified intellectual property, did the organization file a form 10se-07. 7d Supposed to the organization and payor the year organization received an contribution of qualified intellectual property, did the organization file a form 10se-07. 7d Supposed	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
b If Yes, "has it flied a Form 990 T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorly over, a financial account in a foreign country (secund as a bank account, secundies account, or other financial account)? 5 If 'Yes," inter the name of the foreign country \(\) Yes, "enter the name of the foreign country \(\) Yes, "enter the name of the foreign country \(\) Yes, "interest may be a prohibited tax shelter transaction at any time during the tax year? 5 A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B W X 5 Did any taxable party notify the organization file Form 888617 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 B W Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions or party for gods and services provided to the payer? 7 Organizations that may receive deductible contributions under section 170(c). 8 B W Yes," include the number of brewled eductible contributions under section 170(c). 9 B W W Yes, "Indicate the number of Forms 8282 fleed during the year 10 Did the organization several explanation		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (auch as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country P	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
the interval of the contributions are being country (such as a bank account, securities account, or other financial account)? b if 1'Yes, 'retret the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8888-17? 6a Does the organization shall that it was or is a party to a prohibited tax shefter transaction? 6b I 'Yes' to line 5a or 5b, did the organization file Form 8888-17? 7 Organization shall may receive deductible as charitable contributions? 6b If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution of payment in the contributions of the value of the goods or services provided? 7 Did the organization received a payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7 Did the organization received a contribution of the value of the goods or services provided? 8 Did the signalization received a contribution of unit payment in the service of the organization file of the organization received as contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 898 a required?, If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization the a Form 898 a required?, If the organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4986? 9 Section 501(K172) organizations. Enter:	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					
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b ID did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line Sar of Sb, did the organization file Form 88867? 5c If "Yes' shelf the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the ogodos or services provided? 9d If "Yes," indicate the number of Forms 8282 filed during the year 1 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X 7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to adnor, donor advised fund maintained by the sponsoring organization make a distribution to adnor, donor advised fund maintained by the sponsoring organization make a distribution to adnor, donor advised fund the organization file a Form 1098 C? 8 Sponsoring organization make a distribution to adnor, donor advisor, or related per	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 Des the organization are annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 10 If the organization receive a payment in excess of \$75 made parity size a contribution and partly for goods and services provided to the payor? 10 If Yes," did the organization notify the donor of the value of the goods or services provided? 11 If Yes," did the organization notify the donor of the value of the goods or services provided? 12 If Yes," did the organization receive any funds, directly or indirectly, to pay premiums, or a personal benefit contract? 13 If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 14 If Yes," did the organization received a contribution of qualified intellectual property, did the organization fle a Form 1098-C7 and the organization received a contribution of qualified intellectual property, did the organization the a Form 1098-C7 and the organization received a contribution of a days divided the payment of the organization that are vices business holdings at any time during the year? 15 Sponsoring organization have excess business holdings at any time during the year? 16 Section 501(c)(12) organization make any taxable distributions under section 4968? 17 Section 501(c)(12) organization make any taxable distributions under section 4968? 18 Section 501(c)(12) o		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b							
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c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year?	b							
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X			
If "Yes," complete Form 4720, Schedule O.					v			
	16		16		A			
		If "Yes," complete Form 4720, Schedule O.	Eore	000	(2010)			

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.

						Δ
Sec	tion A. Governing Body and Management					
		1 1	4 AF		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	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 relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the		···			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			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 a		··· ⊢			
14				7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,		··· ├	1a		
D				7h	х	
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		├	7b		
8					v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			_		37
	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 R	evenue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form	? [1	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		Lt	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	[1	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe				
	in Schedule O how this was done		1	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 approv					
	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		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		···	-		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?		١.	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati	•				
			١,	16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure		'			
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►WA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501)	c)(3)c	only) avail	ablo
.0	for public inspection. Indicate how you made these available. Check all that apply.	and Joon (Georgon John	در ن	Orny	, avail	ADIC
		on Schodula (1)				
40		on Schedule O)	a1	£:	احاما	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy	, and	ıınar	iciai	
00	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 be					
	CHERI JESSUP, FOUNDATION SPECIALIST - 360-417-6246					
	1502 EAST LAURIDSEN BOULEVARD, PORT ANGELES, WA	98362				

932006 01-20-20

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, u		box, unless person is officer and a director.			h an	compensation	compensation	amount of
	week	_			II ecto	1 1		from the	from related organizations	other compensation
	(list any hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	tee or	stee			Highest compensated employee		(W-2/1099-MISC)	(** =2 *********************************	organization
	organizations	Itrus	Institutional trustee		oyee	ombe				and related
	below	ividua	itutio	cer	Key employee	hest c	Former			organizations
	line)	РЦ	lns	Officer	Ke	Hig	윤			
(1) JOHN MARRS	2.00	Ι,,		\ \ \					0	0
SECRETARY	2 00	Х		Х				0.	0.	0.
(2) PAUL CUNNINGHAM	2.00	Ι,,		\ \ \					0	0
PRESIDENT	0 50	Х		Х				0.	0.	0.
(3) JOE FLOYD	0.50	X							0	0
BOARD MEMBER	2.00	Λ						0.	0.	0.
(4) JEANNE MARTIN	2.00	Х		x				0.	0.	0.
CO-TREASURER (5) RAY GRUVER	2.00	^		^				0.	0.	<u> </u>
CO-TREASURER	2.00	X		x				0.	0.	0.
(6) JEN GOUGE	0.50	^		^				0.	0.	
BOARD MEMBER	0.50	X						0.	0.	0.
(7) DAVE NEUPERT	0.50							0.	0.	
BOARD MEMBER	0.30	x						0.	0.	0.
(8) S. BROOKE TAYLOR	0.50							•		
BOARD MEMBER		х						0.	0.	0.
(9) CLAIRE SMITH RONEY	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) JIM WALTON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) GETTA WORKMAN	40.00									
EXECUTIVE DIRECTOR				Х				0.	86,421.	17,226.
		ļ								
			_	_						
		ŀ								

(A)	(B)			(C Posi	C) ition	1		(D)	(E)	` '			
Name and title	Average hours per	box	not c	heck ss pe	more rson	than is bot	h an	Reportable compensation	Reportable compensation	on	am	imate ount o	
	week (list any	-	CCI ai		d a director/trustee)			from the	from related organization			other oensat	tion
	hours for	or director	e.			ated		organization	(W-2/1099-MI		fro	om the	9
	related organizations	rustee	ıl truste		ee (ee	mpens		(W-2/1099-MISC)				anizati I relate	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					nizatio	
	iiiie)	틸	lus	#0	Key	en Erig	-B						
1b Subtotal								0.	86,4	21.	1'	7,22	26.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								0.	86,4		1'	7,22	26.
Total number of individuals (including bu compensation from the organization		nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			C
compensation from the organization												Yes	No
Did the organization list any former office			кеу е	empl	loye	e, o	hig	hest compensated emp	oloyee on				37
line 1a? If "Yes," complete Schedule J fo								har companation from			3		X
For any individual listed on line 1a, is the and related organizations greater than \$	•							-	•		4		Х
Did any person listed on line 1a receive of	or accrue compe	nsat	ion 1	from	any	unr/							
rendered to the organization? If "Yes," co section B. Independent Contractors	omplete Schedul	e J f	or s	uch _I	pers	son .					5		X
Complete this table for your five highest	compensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of con	npens	ation fi	rom	
the organization. Report compensation f	or the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
(A) Name and busine	ess address	N	INC	E				(B) Description of s	ervices	С	(C comper		1
2 Total number of independent contractor		ot li	mite	d to		_	sted	d above) who received m	nore than				
\$100,000 of compensation from the orga	anization >					<u>) </u>					Гокт (200	

Form 990 (2019) PENINSU:
Part VIII | Statement of Revenue

			Check if Schedule O c	ontains	a resnons	or note to any lin	e in this Part VIII			
			Officer if Schedule O	Jointains	a respons	e of flote to arry in	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenuè éxcluded
								function revenue		from tax under
<u> </u>										sections 512 - 514
nts			Federated campaigns							
S of		b	Membership dues		1b					
An.		С	Fundraising events		1c	3,472.				
la git		d	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contr	ibutions	s) 1e					
roi			All other contributions, gifts,							
the later			similar amounts not included			1,152,880.				
ΞÓ		a	Noncash contributions included in		•	288,880.				
a S			Total. Add lines 1a-1f			-	1,156,352.			
<u> </u>		<u></u>	Totali / Ida iii ico Ta Ti			Business Code				
σ	•	_				Buomeco Gode				
Š	2									
Ser		b								
E S		С								
gra Re		d								
Program Service Revenue		е								
-			All other program service							
-		g	Total. Add lines 2a-2f							
	3		Investment income (include	-						
			other similar amounts)				178,177.			178,177.
	4		Income from investment of	of tax-ex	empt bond	proceeds >				
	5		Royalties							
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss))						
			Gross amount from sales of	-) Securities	(ii) Other				
	-	-	assets other than inventory	7a	218,862					
		h	Less: cost or other basis							
e l		~	and sales expenses	7b	360,642					
Revenue		_	Gain or (loss)	70	-141,780					
ě		4	Not goin or (loss)	70			-141,780.			-141,780.
her F			Net gain or (loss)				141,700.			141,700.
ğ	8	а		-	,					
١			including \$		2. of					
			contributions reported on	,	I .					
		_	Part IV, line 18			+				
			Less: direct expenses			-	65.6			65.6
			Net income or (loss) from		· -	_	-656.			-656.
	9	а	Gross income from gamin		I					
			Part IV, line 19							
			Less: direct expenses			o				
		С	Net income or (loss) from	gaming	activities_					
	10	а	Gross sales of inventory, I	ess retu	ırns					
			and allowances		10	a				
		b	Less: cost of goods sold		10	b				
		С	Net income or (loss) from	sales of	inventory					
s						Business Code				
o e	11	а								
ane		b								
		С								
Miscellaneous Revenue			All other revenue							
2			Total. Add lines 11a-11d							
	12	_	Total revenue. See instructio				1,192,093.	0.	0.	35,741.
							., = , =			, . == :

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

<u> </u>	Check if Schedule O contains a respons	se or note to any line in to (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	615,151.	615,151.		
_	individuals. See Part IV, line 22	013,131.	013,131.		
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				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	02 772	66 210	12 /16	1 120
7	Other salaries and wages	82,773.	66,218.	12,416.	4,139
8	Pension plan accruals and contributions (include	6 716	E 207	1 010	227
_	section 401(k) and 403(b) employer contributions)	6,746.	5,397.	1,012.	337 271
9	Other employee benefits	5,419.	4,335. 5,788.		362
10	Payroll taxes	7,235.	٥,/٥٥.	1,085.	362
11	Fees for services (nonemployees):				
а	Management				
b	Legal	C 075		C 075	
	Accounting	6,075.		6,075.	
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,	1.45		145	
	column (A) amount, list line 11g expenses on Sch O.)	145.		145.	0.450
12	Advertising and promotion	2,458.		1 000	2,458
13	Office expenses	1,088.		1,088.	
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	Insurance	2,083.		2,083.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INKIND EXPENSE	288,880.	167,464.	66,394.	55,022
b	PIRATE ATHLETIC ASSOCIA	14,522.	14,522.		
С	RECOGNITION	5,303.			5,303
d	MISCELLANEOUS	307.		307.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,038,185.	878,875.	91,418.	67,892
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)				

Pa	πλ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	734,499.	1	983,400
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	428,677
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, dire			
		trustee, key employee, creator or founder, substantial contributor,			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as de			
		under section 4958(f)(1)), and persons described in section 4958(c	s)(3)(B)	6	
S.	7	Notes and loans receivable, net	100 100	7	100,874
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	4 == 4 4 4	12	4,692,313
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	6,205,264
	17	Accounts payable and accrued expenses		17	146,590
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule		21	474,896
Ş	22	Loans and other payables to any current or former officer, director			
≝		trustee, key employee, creator or founder, substantial contributor,	or 35%		
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related the	hird		
		parties, and other liabilities not included on lines 17-24). Complete	Part X		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	560,219.	26	621,486
"		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	133,745.	27	91,775
<u>B</u>	28	Net assets with donor restrictions	5,120,938.	28	5,492,003
Ĕ		Organizations that do not follow FASB ASC 958, check here	>		
Ē		and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fun		31	
Š	32	Total net assets or fund balances		32	5,583,778
	33	Total liabilities and net assets/fund balances	5,814,902.	33	6,205,264

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		1,19				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,03				
3	Revenue less expenses. Subtract line 2 from line 1	3			08.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,25				
5	Net unrealized gains (losses) on investments	5	17	<u>5,1</u>	87.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	5,58	3,7	78.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1		
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PENINSULA COLLEGE FOUNDATION **Employer identification number** 91-1589749

Pa	rt I	Reason for Public	Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
•		city, and state:	ation operated in col	njanotion with a noopital	described	3 111 000110	ii ii o(b)(i)(A)(iii)i Eintoi	the hoopital o hame,
_	X	· -	ar the benefit of a co	llogo or university evene	d ar anara	tad by a a	avaramantal unit dagarik	and in
5	22	An organization operated for		nege or university owner	or opera	ted by a g	overnmental unit descrit	Dea In
_		section 170(b)(1)(A)(iv). (C						
6	Н	A federal, state, or local go						
7		An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Ш	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	•					
а		Type I. A supporting orga	* *			-	· · · · · ·	v aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·				
		organization. You must o						
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	vina
~		control or management o	•					•
		organization(s). You mus			arrie perse	ons that oc	ontrol of manage the sup	ported
_		Type III functionally inte	-		in connoc	tion with	and functionally intograt	ad with
·		its supported organizatio					• •	ea with,
d		Type III non-functionally		•				ization(a)
u								
		that is not functionally int	-		-		-	iveriess
		requirement (see instruct	· ·					
е		☐ Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.		
f		er the number of supported o		-l				
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
		-		above (see instructions))	103	140		
Fota								
	41							

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

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

Sec	ction A. Public Support		·						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Gifts, grants, contributions, and	, ,	` '	, ,	, ,	. ,	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	12,530,613.	756,587.	2,372,217.	1,710,060.	1,156,352.	18,525,829.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	12,530,613.	756,587.	2,372,217.	1,710,060.	1,156,352.	18,525,829.		
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)								
	Public support. Subtract line 5 from line 4.						18,525,829.		
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 756, 587.	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 4	12,530,613.	/50,50/.	2,372,217.	1,710,060.	1,156,352.	18,525,829.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	19,484.	163,892.	203,619.	169,404.	178,177.	734,576.		
_	and income from similar sources	19,404.	103,094.	203,619.	109,404.	1/0,1//•	734,376.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
11	assets (Explain in Part VI.)						19,260,405.		
12		etc (see instructi	one)			12	15,200,103.		
	First five years. If the Form 990 is for			d fourth or fifth to		<u> </u>			
	organization, check this box and stor				•		ightharpoonup		
Sec	ction C. Computation of Publ		rcentage						
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, c	column (f))		14	96.19 %		
	Public support percentage from 2018					15	96.91 %		
	33 1/3% support test - 2019. If the					nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				X		
b	33 1/3% support test - 2018. If the o								
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation					
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□		
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the								
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2015	(b) 2010	(6) 2017	(u) 2016	(e) 2019	(I) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2							
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 bus-						
	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second this	d fourth or fifth t	av voar as a soctio	n 501(c)(3) organia	zation.
		· ·	•		-	. , . ,	Lation,
Sec	ction C. Computation of Publi						
	Public support percentage for 2019 (li			column (fl)		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					10	70
	•					17	04
17						18	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	33 1/3% support tests - 2019. If the						i / is not ⊾
	more than 33 1/3%, check this box ar						P
k	33 1/3% support tests - 2018. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	pox on line 14, 19	a, or 19b, check t	nis box and see in	structions	P

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Pa	rt 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	í –	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
b	,			
	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		
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.	3a		
b		6.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

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 Open to Public Inspection

Name of the organization

PENINSULA COLLEGE FOUNDATION

Employer identification number 91-1589749

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds 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 f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		·
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	lanization during the tax
4	year	agment is legated	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thanding of Violations, and emorning conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	> \$		cacemente aaning inc year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r 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 I	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Sim	ilar Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significa	nt use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	empt pui	rpose in Par	t XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other assets no	t include	ed	_	
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c	;		
d	Additions during the year				1d	1		
е	Distributions during the year				1e			
f	• • • • • • • • • • • • • • • • • • • •						_	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	ility?	L <u>X</u>	Yes	No No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.							Х
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo				1	
		(a) Current year	(b) Prior year		-	e years back	(e) Four ye	ars back
	Beginning of year balance	3,953,954.	3,299,575.		1	,935,933.		78,821.
b	Contributions	187,274.	562,857.	· · ·		35,626.		26,345.
	Net investment earnings, gains, and losses	103,090.	150,057.	,		113,539.	-1	69,233.
d	Grants or scholarships	86,836.	58,535.	99,436.		14,734.		
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	4,157,482.	3,953,954.	3,299,575.	2	,070,364.	1,9	35,933.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	i)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment ► 82.20	%						
С	Term endowment ► 17.80	%						
	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the orga	nization	_	
	by:							es No
	(i) Unrelated organizations							X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	1	· · · · · · · · · · · · · · · · · · ·	i				
	Description of property	(a) Cost or of basis (investn	, , ,	, ,	ccumula preciation		(d) Book v	alue
1a	Land							
b	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		🕨		0.

Schedule D (Form 990) 2019

	OLLEGE FOUNDA	TION 91	-1589749 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) INVESTMENTS	4,692,313.	END-OF-YEAR MARKET	1 173 T TTD
	4,092,313.	END-OF-IEAR MARKEI	VALUE
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,692,313.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 900 Part IV line	11d See Form 990 Part V line 15	
	Description	Tra. Gee Form 550, Fart X, line 15.	(b) Book value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			_
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
/			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

4c

1,038,185.

Sche	edule D (Form 990) 2019	PENINSULA	COLLEGE	FOUNDATIO	N		91-	1589749	Page 4
Pai	rt XI Reconciliat	ion of Revenue per A	udited Finar	ncial Stateme	nts With	n Revenue per R	eturr	١.	
	Complete if the	organization answered "Yes	s" on Form 990,	, Part IV, line 12a.					
1	Total revenue, gains, a	and other support per audite	d financial state	ements			1	1,367,	, 280
2	Amounts included on	line 1 but not on Form 990, F	Part VIII, line 12	:					
а	Net unrealized gains (I	osses) on investments			2a	175,187.			
b	Donated services and	use of facilities			2b				
С		ar grants							
d	Other (Describe in Par	t XIII.)			2d				
е	Add lines 2a through 2	2d					2e	-	,187
3	Subtract line 2e from I	ine 1					3	1,192,	,093
4		Form 990, Part VIII, line 12, b							
а	Investment expenses	not included on Form 990, P	art VIII, line 7b		4a				
b	Other (Describe in Par	t XIII.)			4b				
	Add lines 4a and 4b						4c		0
5	Total revenue. Add line	es 3 and 4c. (This must equa	ıl Form 990, Par	t I, line 12.)			5	1,192,	,093
Pai	rt XII Reconciliat	ion of Expenses per A	Audited Fina	ıncial Stateme	ents Wit	th Expenses per	Retu	rn.	
	Complete if the	organization answered "Yes	s" on Form 990,	, Part IV, line 12a.					
1	Total expenses and lo	sses per audited financial st	atements				1	1,038,	,185
2	Amounts included on	line 1 but not on Form 990, F	Part IX, line 25:						
а	Donated services and	use of facilities			2a				
b	Prior year adjustments	S			2b				
С					2c				
d	Other (Describe in Par	t XIII.)			2d				
е	Add lines 2a through 2	2d					2e		0
3	Subtract line 2e from I	ine 1					3	1,038,	,185

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

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

PART IV, LINE 2B:

b Other (Describe in Part XIII.) c Add lines 4a and 4b

THE FOUNDATION IS ACTING AS CUSTODIAN FOR FUNDS HELD ON BEHALF OF PENINSULA COLLEGE. THESE FUNDS ARE INVESTED ALONGSIDE FOUNDATION ENDOWMENT FUNDS. HOWEVER, AS OPPOSED TO OTHER INVESTMENTS AND ENDOWMENT FUNDS HELD BY THE FOUNDATION, PENINSULA COLLEGE RETAINED ALL RIGHTS TO THE FUNDS.

PART V, LINE 4:

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

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name o	of the organization							Employer identification number
Dt I			FOUNDATION					91-1589749
Part I								
	oes the organization maintain records							
CI	riteria used to award the grants or assi	istance?						X Yes No
Part II	escribe in Part IV the organization's pr						·/ "	
Faiti						anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1/2	recipient that received more than a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
	or government	(b) LIN	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	
	nter total number of section 501(c)(3) a							>
3 E	nter total number of other organization	is listed in the line	1 table					

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
TUDENT SUPPORT: THE FOUNDATION PROVIDES					
CHOLARSHIPS, GRANTS AND EMERGENCY BOOK LOANS TO					
PUDENTS.	616	326,837.	0.		
ACULTY, STAFF AND PROGRAM SUPPORT: THE FOUNDATION		•			
ROVIDED 4 GRANT BLOCKS FOR AWARDING BY THE					
DLLEGE FOR FACULTY, HUMANITIES DIVISION, BASIC					
DUCATION, AND STUDENT SERVICES. TOTAL RECIPIENTS	134	288,314.	0.		

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

DESIGNATED FUNDS AVAILABILITY. 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. THE STUDENT AFFAIRS COMMITTEE OF THE COLLEGE, UNDER

THE DIRECTION OF THE STUDENT SERVICES VICE PRESIDENT, LEADS THE SCHOLARSHIP

Part IV | Supplemental Information

AWARD PROCESS. AWARDS ARE SPLIT EQUALLY OVER EACH QUARTER IN THE ACADEMIC
YEAR, AND EACH STUDENT'S PERFORMANCE IS MONITORED BY THE COLLEGE TO ENSURE
AWARD CRITERIA IS MET. IF THE STUDENT DOES NOT MEET AWARD CRITERIA, THE
FUNDS ARE NOT DISBURSED AND THEY FORFEIT THE SCHOLARSHIP.

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

FACULTY, STAFF AND PROGRAMS ARE DIRECTLY RELATED TO ENDOWMENT AWARD

DETERMINATIONS AND DONOR DESIGNATED FUNDS AVAILABILITY. THE FOUNDATION

BOARD ALSO ELECTS ANNUALLY WHETHER TO DESIGNATE UNRESTRICTED FUNDS FOR THIS

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

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

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

SELECTION TEAM IS COMPRISED OF COLLEGE LEADERSHIP STAFF WHO ARE

KNOWLEDGEABLE OF AVAILABLE COLLEGE FUNDS FOR LEVERAGING FOUNDATION AWARDS.

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

BOARD THE OUTCOME OF THEIR GRANT-RELATED ACTIVITIES.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: FACULTY, STAFF AND PROGRAM SUPPORT: THE FOUNDATION PROVIDED 4 GRANT BLOCKS FOR AWARDING BY THE COLLEGE FOR FACULTY, HUMANITIES DIVISION, BASIC EDUCATION, AND STUDENT SERVICES.

TOTAL RECIPIENTS REFLECT COMBINED AWARDS FROM THESE GRANTS. A VARIETY OF PROGRAM SUPPORT WAS ALSO PROVIDED.

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization PENINSULA COLLEGE FOUNDATION **Employer identification number** 91-1589749

Pa	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts report Form 990, Part V	rted on	1	(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	X	5	4	,150.	FAIR	MARKET	VA	LUE	•
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
12										
13	Qualified conservation contribution -									
10	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17										
18	Real estate - Other									
19	Collectibles									
	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts Other ► (STAFF SALARIE)	X	1	101	132	DATD	MARKET	777	TITE	
25	` ′	X	1				MARKET			
26	· · · · · · · · · · · · · · · · · · ·	X	16				MARKET			
27	·	X	14		-		MARKET			
28			<u> </u>		, 0 / 0 •	LAIN	MAKKEI	VA	1015	•
29	Number of Forms 8283 received by the organ		•							
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement	29				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
				5			1		Yes	No
30a	During the year, did the organization receive b						at it			
	must hold for at least three years from the dat		•	•						37
	exempt purposes for the entire holding period	l?						30a		Х
	If "Yes," describe the arrangement in Part II.			_						7.7
31	Does the organization have a gift acceptance							31		X
32a	contributions?		•					32a		х
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in	column (c) fo	r a type of propert	y for which colum	n (a) is che	ecked,				
	describe in Part II.									
ΙНА	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 90	n			Schedule M	(Ear	200	201

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PENINSULA COLLEGE FOUNDATION

Employer identification number 91-1589749

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STUDENTS AND PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 7B:

WITH THE GOVERNING BODY'S SUPPORT, THE COLLEGE HIRES (AND PAYS FOR) 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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization PENINSULA COLLEGE FOUNDATION	Employer identification number 91-1589749
FOUNDATION'S WEBSITE (WWW.PENCOL.EDU/FOUNDATION) AND AVAI	LABLE UPON REQUEST
BY CONTACTING THE FOUNDATION OFFICE AT 360-417-6246.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUE	ST OF THE
FOUNDATION OFFICE AT 360-417-6246. THESE DOCUMENTS AND MO	RE 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
EXECTUIVE COMMITTEE OF THE FOUNDATION BOARD WORKS WITH ST	AFF TO OVERSEE
THE AUDIT OF ITS FINANCIALS STATEMENTS AND SELECTION OF A	N INDEPENDENT
ACCOUNTANT. THE FOUNDATION BOARD ASSUMES THE OVERALL RESP	ONSIBILITY AND
OVERSIGHT OF THE COMPLETED AUDIT, AND REVIEWING AND APPRO	VING 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

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PENINSULA COL	LEGE FOUNDATION				Er	mployer identific 91-15897	ation no	umber
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year a	assets	Direct c	(f) ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, l	pecause it had one o	or mor	re related tax-exe	mpt	
(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	charity Direct co		contr	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No

Page 2

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

IDI Gene	eral or Phaging ther?	(k) Percentage ownership
1065) Yes	s No l	
. I i	9	

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	end-of-year	(h) Percentage ownership	Sec 512(t contr ent	ti) etion b)(13) rolled ity?
		country)		or trust)		assets			No
202 MANAGER LLC - 81-3442391			PENINSULA						
1502 EAST LAURIDSEN BLVD			COLLEGE						1
PORT ANGELES, WA 98362	RENTAL REAL ESTATE	WA	FOUNDATION	C CORP	-80,275.	-886,947.	100.00%	X	
									1
									<u></u>
									1
									1
									1
									1
									1
									1
									<u></u>

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

Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related orga				11		X
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizati	ion(s)			1n		Х
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
<u>(1)</u>							
(2)							
(3)							
<u>(4)</u>							
<u>(5)</u>							
(6)							
022160	0.00.10.10	40		Schadula I	2 (Ecr	m 990	1 2010

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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated,	partners se 501(c)(3)	Share of	Share of	Dispr tion	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	alloca	ions?	of Schedule K-1	partne	ownersnip
		Country)	sections 5 (2-5 (4)	Yes No) Income	assets	Yes	No	(F01111 1065)	Yes N	0
										\vdash	
										\sqcup	
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