Skagit Valley College Foundation

2016 Form 990 Tax Year Ended June 30, 2017

Larson Gross

EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

Department of the Treasury

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

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, and ending JUN 30, 2017 Open to Public

OMB No. 1545-0047

В	Check if	C Name of organization		D Employer identifi	cation number					
	Addres	S CENCIM WALLEY COLLEGE FOLINDAMION								
	□Name			01 1	012915					
F	chang∈ □Initial	5	Da a ma /a viita							
F	return _Final	Number and street (or P.O. box if mail is not delivered to street address) 2405 E COLLEGE WAY	Room/suite	E Telephone numbe	r 416-7821					
	/return -termin				5,609,193.					
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code MOUNT VERNON, WA 98273		G Gross receipts \$						
H	lreturn □Applica			H(a) Is this a group re	eturn s? Yes X No					
	tion pendin	SAME AS C ABOVE								
_	-	empt status:	or 527	H(b) Are all subordinates in						
		e: ► SKAGITFOUNDATION.ORG	01 527	⊣ ′	list. (see instructions)					
J Website: ► SKAGTTFOUNDATION ORG H(c) Group exemption number ► K Form of organization: X Corporation										
		Summary	L Teal	or iorination, TO 7 O F	/ State of legal dofficile, WZ1					
		Briefly describe the organization's mission or most significant activities: ENHA	NCE EI	DICATION AT	SKAGTT					
Activities & Governance	'	VALLEY COLLEGE THROUGH SCHOLARSHIPS, GRAN	NTS. A	AND OTHER SU	PPORT.					
na		Check this box if the organization discontinued its operations or dispos								
) Ve					10					
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)			10					
8		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			0					
/itie		Total number of volunteers (estimate if necessary)			301					
Çţ		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.					
				Prior Year	Current Year					
Φ	8	Contributions and grants (Part VIII, line 1h)		1,769,546.	847,946.					
nu.		Program service revenue (Part VIII, line 2g)		676,080.	666,841.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		190,599.	191,879.					
E		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		111,885.	188,424.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2,748,110.	1,895,090.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		715,673.	644,551.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot}$		296,356.	328,666.					
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ă					021 600					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		773,992.						
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,786,021.	1,904,899.					
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		962,089.	-9,809.					
Net Assets or Fund Balances				eginning of Current Year	End of Year					
Sse	20	Total assets (Part X, line 16)		14,324,968.	15,065,243.					
let /	21	Total liabilities (Part X, line 26)		12,634,205.	13,571,618.					
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		12,034,203.	13,371,010.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to the hest of m	v knowledge and belief it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			, momentuge and some, it is					
	,	<u> </u>								
Sig	n	Signature of officer		Date						
Here ANNE CLARK, EXECUTIVE DIRECTOR										
		Type or print name and title								
Print/Type preparer's name Preparer's signature Date Check PTIN										
Pai	d	KEATON WERSEN-CPA		if self-employ						
Pre	parer	Firm's name LARSON GROSS PLLC		Firm's EIN ▶	91-1663574					
Use	Only	Firm's address 2211 RIMLAND DR., STE 422								
		BELLINGHAM, WA 98226		Phone no. (3						
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No					

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SECURE DONATIONS TO ENHANCE EDUCATION AT SKAGIT VALLEY COLLEGE (SVC)
	THROUGH SCHOLARSHIPS, GRANTS, AND INSTITUTIONAL SUPPORT.
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.
7	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 604,037 • including grants of \$ 286,291 •) (Revenue \$)
4a	(Code:) (Expenses \$ 604,037. including grants of \$ 286,291.) (Revenue \$) MORE THAN \$286,000 IN SCHOLARSHIPS WERE AWARDED TO SVC STUDENTS FOR THE
	2017-18 SCHOOL YEAR.
	ZUI/-10 SCHOOL TEAR.
	GUG OFFIERG 3 VEAR REGISTER AND GERMIETGAMES IN OVER OF STREET
	SVC OFFERS 2-YEAR DEGREES AND CERTIFICATES IN OVER 25 FIELDS OF STUDY
	TO HELP STUDENTS START THEIR CAREER. FOR STUDENTS PURSUING A
	BACHELOR'S DEGREE, SVC OFFERS 2-YEAR DEGREES THAT WILL TRANSFER TO MOST
	WASHINGTON STATE 4-YEAR COLLEGES AND UNIVERSITIES.
4b	(Code:) (Expenses \$ 197,753 • including grants of \$ 178,184 •) (Revenue \$)
	THE REMOVING BARRIERS CAMPAIGN IS FOSTERING STUDENT ACHIEVEMENT AND
	EXCELLENCE BY SUPPORTING THE COMPLEX NEEDS OF SVC STUDENTS THROUGH A
	THREE PRONGED APPROACH:
	1) CHILDCARE ASSISTANCE TO FULL- OR PART-TIME COLLEGE STUDENTS WITH
	YOUNG CHILDREN AND GREAT FINANCIAL NEED.
	2) STUDENT EMERGENCY ASSISTANCE THAT WILL PROVIDE FINANCIAL ASSISTANCE
	TO STUDENTS FACING AN UNEXPECTED FINANCIAL HARDSHIP OR CHALLENGE.
	3) OPPORTUNITY FOR EXCELLENCE FUND WILL HELP STUDENTS ENGAGE WITH THEIR
	PEERS IN UNIQUE, HIGH-QUALITY PROFESSIONAL, INDUSTRY OR SCHOLARLY
	ACTIVITIES BEYOND THE CLASSROOM OR LAB.
4c	(Code:) (Expenses \$ 635,025. including grants of \$) (Revenue \$ 666,841.)
	SKAGIT VALLEY COLLEGE FOUNDATION OPERATES CAMPUS VIEW VILLAGE, A SAFE
	AND INCLUSIVE STUDENT HOUSING PROGRAM ON THE NORTH-END OF THE SKAGIT
	VALLEY COLLEGE CAMPUS. CAMPUS VIEW VILLAGE SERVES UP TO 140 STUDENTS
	YEAR-ROUND TAKING COURSES AT SKAGIT VALLEY COLLEGE. THIS POPULAR
	PROGRAM HOUSES A LARGE NUMBER OF INTERNATIONAL STUDENTS, STUDENT
	ATHLETES, AND OTHERS, MAKING CAMPUS VIEW VILLAGE A DYNAMIC AND ENGAGING
	ADDITION TO THE SKAGIT VALLEY COLLEGE CULTURE. FOR MORE INFORMATION,
	VISIT WWW.SKAGIT.EDU/CVV.
	VIDII WWW.DIMOII.DO/CAA.
74	Other program services (Describe in Schedule O.)
-t u	(Expenses \$ 204,147 • including grants of \$ 180,076 •) (Revenue \$ 117,273 •)
46	Total program service expenses ► 1,640,962.
	Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	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	4.0	v	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			l
	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			
	Schedule K. If "No", go to line 25a	24a	Х	37
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			37
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		37	
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v
00	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?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38	Δ	

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

Pee No Pee Pee No Pee P		Check if Schedule O contains a response or note to any line in this Part V								
b Enter the number of Forms W/2G included in line 1a, Enter of -if not applicable — 10 bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W/S, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization file all required identified employment tax returns? 3b If Year is man of lines 1 and 2a is greater than 250, viu may be required to -if the entructions? 3c Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3c Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3c Dot H Year, is a fitted a Form 800 Tor the year? W/N, ** ** ** ** ** ** ** ** ** ** ** ** **					Yes	No				
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming generally and the provided prov	1a		_							
describing winnings to prize winners? a First the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b If at least on is reported on line 2a, did the organization life all negulinos diddraf employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) b If 'Yes', has it filed a Form 990 Thro 1 file year If "No, 1 for line 3, provide an explanation in Schedule 0 b If 'Yes', a list it field a Form 990 Thro 1 file year If "No, 1 for line 3, provide an explanation in Schedule 0 b If 'Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? 4a A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5b If 'Yes," in the security of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If 'Yes, 'the line Sar of 5t, did the organization that it was bank account, securities and financial accounts (FBAR). 5c If 'Yes, 'the line Sar of 5t, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c If 'Yes, 'did the organization receive a payment in excess of \$75 made partly as a contribution of quality for goods and services provided to the payor? 7c If 'Yes, 'did the organization receive a payment in excess of \$75 made partly as a contribu			_ ib							
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a Is greater than 250, you may be required to e-file (see instructions) 3a Dt the organization have unreaded business gross income of \$1,000 or more during the year? 3a X 5 If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 3b If "Yes," an interest in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. 5b If "Yes," an interest in or an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b If "Yes," (to line 5a or 5b, did the organization file Form 8898-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8898-17 6d Does the organization shell exclusible as charitable contributions? 6a Was the organization shell exclusible as charitable contributions? 6b If "Yes," (diff the organization inclide with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," (diff the organization inclide with every solicitation and explanation file party for goods and services provided? 7c Did the organization sell, exclusing the very solicitation and express statement that such contributions or gifts were not tax deductible? 7c Did the organization sell-exclusing the year year law to the party of the party of the party of the party of	С									
tiled for the calendary year ending with or within the year covered by this return 1	٥-		I	1c						
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a I Vit Yes, "has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b I "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b I A 4 any time during the calendary vaer, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b If "Yes," enter the name of the foreign country Such as a bank account, securities account, or other financial account; (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b I Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c I "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization has a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax 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 Organizations that many receive deductible contributions under section 170(c). 8c I I Was, "I will also the organization notity the donor of the value of the goods or services provided? 8c I I Was," did the organization notity the donor of the value of the goods or services provided? 9c I I Was, "Indicate the number of Forms 8882 filed during the year 9c I I Was," I will be organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9c I I Was, "Indicate the number of Forms 8882 filed during the year 9c I I I But the organization hav	2a	· · · · · · · · · · · · · · · · · · ·	ا م							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 If Yea,* has it filed a Form 990-1 for this year? If Yea,* for line 30, provide an explanation in Schedule 0 3 The strain of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; out of the financial cocount; or other financial account; or other submitted than the foreign country. ► See instructions for filing requirements for fincEH rom 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for fincEH rom 8986-17 See instructions for filing requirements for fincEH rom 8986-17 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 chariatable contributions; 6 If Yes,* fild the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chariatable contributions; 8 If Yes,* find the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization that may receive deductible contributions under section 170(c). 8 If Yes,* find the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible. 1 If Yes,* indicate the number of Forms 8282 filed during the year 2 If Yes,* indicate the number of Forms 8282 filed during the year 3 If Yes,* indicate the number of Forms 8282 filed during the year 4 If Yes,* indicate the number of Forms 8282 filed during the year 4 If Yes,* indicate the		·								
3a	D			20						
b if "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4b If "Yes," enter the name of the foreign country. ▶ 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If Was," to line 8a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 8a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutible? 6c Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutible? 6c Desemble of the state of the stat	2-			2-		v				
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 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. 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 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Pid the agreement of the control of		92						
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 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? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	h				\vdash					
a Initiation fees and capital contributions included on Part VIII, line 12	10									
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12b 15 F"Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Is the organization licensed to issue qualified health plans in more than one state? 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 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 13c 15 Enter the amount of reserves on hand 13c 15 It myes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 14b			10a							
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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 in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
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 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 in Schedule O 13b X 14a X	а	Is the organization licensed to issue qualified health plans in more than one state?		13a	igspace					
organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b										
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		1 1							
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b										
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						v				
					$\vdash \vdash$	<u> </u>				
	b	IT "Yes," nas it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U		.000	(2010				

632005 11-11-16

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X						
Sec	tion A. Governing Body and Management										
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	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 in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o 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	e direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		X						
6	Did the organization have members or stockholders?		6		X						
7a											
	more members of the governing body?		7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or									
	persons other than the governing body?		7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	er by the following:									
а	The governing body?		8a	X							
b	Each committee with authority to act on behalf of the governing body?		8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)									
				Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a		X						
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form	n? 11a		X						
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		12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X							
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		12c								
13	Did the organization have a written whistleblower policy?			X							
14	Did the organization have a written document retention and destruction policy?		14	X							
15	Did the process for determining compensation of the following persons include a review and approve	al by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a		X						
b	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			l						
	taxable entity during the year?		16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's									
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►WA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section 501(c)(3)s o	nly) availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
		in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy	, and fina	ncial							
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records: ► _									
	KARIN WILLIAMS - 360-416-7821										
	2405 E COLLEGE WAY, MOUNT VERNON, WA 98273										

632006 11-11-16

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l Docition I						(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	er e	Officer Officer	Key employee	Highest compensated knl		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) HEATHER HERNANDEZ	3.00	-	_		_		_			
PRESIDENT		Х		Х				0.	0.	0
(2) KATHY DOLL	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0
(3) ROB WOODS	2.00	١,,		,,					0	_
TREASURER (4) PAM ALLEN	2.00	Х		Х				0.	0.	0
(4) PAM ALLEN SECRETARY	2.00	X		x				0.	0.	0
(5) JANE KOETJE GILLISSE	1.00	125		1				0.	0.	
DIRECTOR		x						0.	0.	0
(6) TONY WISDOM	1.00									
DIRECTOR		X						0.	0.	0
(7) SHELLEY ROBERTS	1.00									
DIRECTOR		Х						0.	0.	0
(8) VHARI RUST-CLARK	1.00	١							0	
DIRECTOR	1.00	Х						0.	0.	0
(9) ADA CUADRADO DIRECTOR	1.00	X						0.	0.	0
(10) ISAAC WILLIAMS	1.00	122							<u>.</u>	
DIRECTOR		x						0.	0.	0
(11) ANNE CLARK	40.00									
EXECUTIVE DIRECTOR				Х				0.	91,159.	24,319
		-								
		-								
		\vdash								
		1_								
		$\left\{ \right.$								
		_	_			_		1		F 000 (224)

(A)	(B)			(C Pos	C) ition	1		(D)	(E)			(F)	
Name and title	Average hours per week	box	not c	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation	Reportable compensation from related	on	am	imated ount o other	
	(list any	director						from the	organization	ıs	comp	ensati	
	hours for related	tee or di	stee			ensated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		m the nizatio	
	organizations below	Individual trustee or	Institutional trustee		Key employee	t compe	_					relate nizatio	
	line)	Individ	Institu	Officer	Key em	Highest compensated employee	Former				- Organ	iizatio	
									01 1	-	2.4	2.1	_
b Sub-total c Total from continuation sheets to Part							>	0.	91,1	<u> </u>	24	.,31	0.
d Total (add lines 1b and 1c)								0.	91,1	-	24	, 31	
2 Total number of individuals (including bu	ıt not limited to th							eceived more than \$100	0,000 of reportab	ole			0
compensation from the organization	•										1	Yes	No
B Did the organization list any former office													37
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the								her compensation from			3		X
and related organizations greater than \$	•							-	•		4		Х
Did any person listed on line 1a receive or rendered to the organization? If "Yes," c	•				•		elat	ed organization or indiv			5		Х
ection B. Independent Contractors	ompiete ochedar	C 	01 30	ucn	pers	SOIT .			•••••		3		<u></u>
Complete this table for your five highest		-								npens	ation fr	om	
the organization. Report compensation (A)	for the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax : (B)	year.		(C)	1	
Name and busine	ess address	N	INC	Ξ				Description of s	services	С	ompen		
Total number of independent contractor		ot li	mite	d to		se li:	sted	d above) who received m	nore than				
\$100,000 of compensation from the organization	ai iiZatiOII										Form C	00 :-	

SKAGIT VALLEY COLLEGE FOUNDATION 91-1012915 Page 9 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 37,672. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 810,274 66,889. g Noncash contributions included in lines 1a-1f: \$ 847,946 h Total. Add lines 1a-1f Business Code 2 a STUDENT HOUSING 666,841 Program Service Revenue 531110 666,841 b f All other program service revenue g Total. Add lines 2a-2f 666,841 Investment income (including dividends, interest, and 285,251 285,251 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 3,537,820 assets other than inventory b Less: cost or other basis 3,631,192 and sales expenses -93,372. c Gain or (loss) -93,372 -93,372. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 37,672. of including \$ contributions reported on line 1c). See Part IV, line 18 a 154,062 Other 82,911. **b** Less: direct expenses c Net income or (loss) from fundraising events 71,151 71,151. 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a BOOSTER REVENUE 900099 99,377 99,377 b ESPRESSO & COFFEE REVENUE 900099 7,111 7,111 С 900099 10,785 10,785 d All other revenue 117,273 e Total. Add lines 11a-11d

632009 11-11-16

Form 990 (2016)

263,030.

1,895,090

Total revenue. See instructions.

784,114

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 358,260 358,260. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 286,291 286,291. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 208,323. 138,890. 49,753. 19,680. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 120,343. 80,233. 28,741. 11,369. Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): a Management 2,479. 2,479. Legal 14,000. 14,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 49,507. 49,507. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 55,866. 55,866 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 33,304. 3,287. 29,879. 138. Office expenses 13 14 Information technology 15 Royalties 140,799. 137,069. 3,730. 16 Occupancy 8,977. 18,355. 9,378. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 14,544. 712. 13,832. Conferences, conventions, and meetings 19 49,963. 49,963. 20 Payments to affiliates 21 85,356. 84,378. 978. Depreciation, depletion, and amortization 22 26,605. 22,524. 4,081. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) EQUIPMENT & MAINTENANCE 161,310. 129,084. 32,226. 131,518. BOOSTER 131,518. AWARDS & RECOGNITION 57,791. 56,855. 936. С d 90,285 47,147. 20,725. 22,413. All other expenses е 1,904,899 1,640,962. 210,337. 53,600. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2016)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			937,334.	1	834,129.
	2	Savings and temporary cash investments			1,284,522.	2	821,562.
	3	Pledges and grants receivable, net			304,853.	3	296,791.
	4	Accounts receivable, net			4,048.	4	20,776.
	5	Loans and other receivables from current and for			·		
	-	trustees, key employees, and highest compensa					
		Part II of Schedule L		-		5	
	6	Loans and other receivables from other disquali					
	-	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect		- 1			
γį		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net		F	30,405.	7	219,124.
As	8	Inventories for sale or use			8	- ,	
	9					9	
		Land, buildings, and equipment: cost or other	I				
		basis, Complete Part VI of Schedule D	10a	3,454,842.			
	Ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,793,874.	1,709,083.	10c	1,660,968.
	11	Investments - publicly traded securities		10,035,200.	11	11,194,238.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	19,523.	15	17,655.		
	16	Total assets. Add lines 1 through 15 (must equa		14,324,968.	16	15,065,243.	
	17	Accounts payable and accrued expenses		33,031.	17	35,496.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			1,232,790.	20	1,099,941.
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
≝		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, page	yables t	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			424,942.	25	358,188.
	26	Total liabilities. Add lines 17 through 25			1,690,763.	26	1,493,625.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			2 200 601		2 001 007
au	27	Unrestricted net assets			2,290,601.	27	3,021,227.
Bal	28	Temporarily restricted net assets			2,673,259.	28	2,702,131.
Fund Balances	29				7,670,345.	29	7,848,260.
Ē		Organizations that do not follow SFAS 117 (A	SC 958	s), check here			
S Q		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated in		-	12,634,205.	32	13,571,618.
_	33	Total net assets or fund balances				33	
	34	Total liabilities and net assets/fund balances			14,324,968.	34	15,065,243.

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		L,89			
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	L,90			
3	Revenue less expenses. Subtract line 2 from line 1	3			9,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	L2,634,205			
5	Net unrealized gains (losses) on investments	5		94	7,2	<u>22.</u>	
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 in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	1:	3,57	1,6	18.	
Pa	rt XIII 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	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	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	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basi	s,				
	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 audi	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	Ο.				
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired au	udit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

			COLLEGE FOUN				9	1-1012915					
Part I	Reason for Public	Charity Status (All organizations must co	mplete th	is part.) Se	ee instruction	3.						
he orga	nization is not a private found												
1	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).							
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)								
з 🔲	A hospital or a cooperative		•			ii).							
4	A medical research organiz						Viii). Enter	the hospital's name	e				
	city, and state:	acion operated in co	njanotion with a noopital	GOOGIISO	a	•(•)(•)(•)	Minin Entor	ino noopital o name	٠,				
5 X	<u> </u>	or the benefit of a co	ullege or university owner	d or opera	ted by a d	overnmentalı	ınit descrik						
J [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
<u>،</u> ا													
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 📖	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
. —	section 170(b)(1)(A)(vi). (C												
8	A community trust describe												
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-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or					
	university:												
10 📖	An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	ship fees, a	nd gross receipts f	rom				
	activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	from gross investr	nent				
	income and unrelated busi	ness taxable income	(less section 511 tax) from	om busine	esses acqu	ired by the or	ganization	after June 30, 1975	5.				
	See section 509(a)(2). (Co	mplete Part III.)											
11 🔙	An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).							
12 🔲	An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	purposes of one o	or				
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (heck the box in					
	lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and	d 12g.						
а	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	ypically by	giving					
	the supported organization	· ·	•	•									
	organization. You must o							0					
b	Type II. A supporting org	-		tion with it	ts support	ed organizatio	n(s), by ha	vina					
	control or management of	•				-		-					
	organization(s). You mus			u			.90 11.0 00.1	po. 10 u					
ر . ا	Type III functionally inte			in connec	tion with :	and functions	lly integrate	ed with					
•	its supported organizatio						ny integrati	od with,					
d \square	Type III non-functionally		•	•		•	rtod organi	zation(s)					
u _							-						
	that is not functionally int	-	•	-		-	J all allelli	veness					
	requirement (see instruct	•	•				U T UI						
e ∟						ı iype i, iype	II, Type III						
	functionally integrated, o		nally integrated support	ing organi	zation.								
	er the number of supported	•											
g Pro	ovide the following information (i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetany	(vi) Amount of oth	or				
	organization	(11) 2.114	(described on lines 1-10	in your governi	ing document?	support (see in	•	support (see instructi					
			above (see instructions))	162	NO	`	,	··· `					

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	397,888.	532,286.	2245680.	1769546.	847,946.	5793346.
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				440 000		
	the organization without charge		500 006	0045600	118,000.		236,000.
4	Total. Add lines 1 through 3	397,888.	532,286.	2245680.	1887546.	965,946.	6029346.
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)						681,777.
	Public support. Subtract line 5 from line 4.						5347569.
	ction B. Total Support	<u> </u>			T	r - 1	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013 532, 286.	(c) 2014 2245680.	(d) 2015	(e) 2016 965, 946.	(f) Total 6029346.
	Amounts from line 4	397,888.	534,286.	2245680.	1887546.	965,946.	6029346.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	162 206	205 506	716 021	240 014	205 251	1710060
	and income from similar sources	162,286.	205,586.	716,031.	349,914.	285,251.	1719068.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						7748414.
	Total support. Add lines 7 through 10	-1- (!1	\			12 3	,471,058.
12	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to			, = / = , 0 5 0 •
13	organization, check this box and stop				•		ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2016 (I			olumn (f))		14	69.02 %
	Public support percentage from 2015					15	49.50 %
	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pai	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how 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	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш

Schedule A (Form 990 or 990-EZ) 2016

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.)

	qualify under the tests listed b A. Public Support	elow, please com	plete Part II.)				
	r (or fiscal year beginning in)	(a) 2012	(b) 2013	(6) 2014	(4) 2015	(a) 2016	(f) Total
-	rants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
, •	ership fees received. (Do not						
	e any "unusual grants.")						
	receipts from admissions, andise sold or services per-						
	, or facilities furnished in						
	tivity that is related to the						
_	cation's tax-exempt purpose						
	receipts from activities that						
	an unrelated trade or bus-						
	nder section 513						
	venues levied for the organ-						
	s benefit and either paid to						
•	ended on its behalf						
	lue of services or facilities						
	ed by a governmental unit to						
	anization without charge						
6 Total.	Add lines 1 through 5						
	ts included on lines 1, 2, and						
	ved from disqualified persons						
	included on lines 2 and 3 received er than disqualified persons that						
	ne greater of \$5,000 or 1% of the						
	n line 13 for the year						
c Add lin	es 7a and 7b						
	support. (Subtract line 7c from line 6.)						
Section E	3. Total Support			1			
-	r (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amoun	ts from line 6						
	ncome from interest,						
	ids, payments received on ies loans, rents, royalties						
and inc	come from similar sources						
b Unrelate	ed business taxable income						
(less se	ction 511 taxes) from businesses						
acquire	d after June 30, 1975						
c Add lin	es 10a and 10b						
	ome from unrelated business						
	es not included in line 10b, er or not the business is						
	ly carried on						
12 Other i	ncome. Do not include gain						
	from the sale of capital						
	(Explain in Part VI.) · · · · · · · · · · · · · · · · · · ·						
	ve years. If the Form 990 is for	the organization	s first second this	rd fourth or fifth t	ax vear as a sectio	n 501(c)(3) organiz	ration
	this box and stop here	· ·				. , . ,	▶
	C. Computation of Publ						
	support percentage for 2016 (I			column (f))		15	%
	support percentage from 2015					16	/ 6
	D. Computation of Inves					1.01	,,,
	nent income percentage for 20					17	%
	nent income percentage from 2					18	
	% support tests - 2016. If the						
	nan 33 1/3%, check this box a						
	% support tests - 2015. If the						
	is not more than 33 1/3%, che						
	e foundation. If the organization						
-o riivalt	, ioaniaationi ii tiio oiyanizatto	n ala noi oneon a	207 OH III C 14, 18	a, or rab, orieck t	וווט טטא מווע סכב ווו	J.: 4010113	

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 (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		
J		
9a		
9b		
0-		
9c		
10a		
10b		
	·	

Pai	T IV Supporting Organizations (continued)			.g. c
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	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		
	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		
	tion B. Type I Supporting Organizations			
	71 11 3 3		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	_		
	71 11 3 3		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).	
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.	2 a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
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. Al
	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):			
a	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-functiona	lly integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions			
7		annual distributions. Add lines 1 through 6			
8		outions to attentive supported organizations to which the	ne organization is responsive	 e	
_		de details in Part VI). See instructions		-	
9		outable amount for 2016 from Section C, line 6			
10		amount divided by Line 9 amount			
	<u> </u>	amount arriage by Emo e amount	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distrik	outable amount for 2016 from Section C, line 6			
2		rdistributions, if any, for years prior to 2016 (reason-			
_		cause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
	EXCES	s distributions carryover, if any, to 2016.			
<u>a</u> b					
	From	2012			
	From				
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
<u> </u>		over from 2011 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2016 from Section D,			
	line 7:				
		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4			
5		ining underdistributions for years prior to 2016, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions			
6		ining underdistributions for 2016. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions			
7	Exces	ss distributions carryover to 2017. Add lines 3j			
	and 4	С			
8	Break	down of line 7:			
а					
b	Exces	ss from 2013			
С	Exces	ss from 2014			
d	Exces	ss from 2015			
	Гилла	on from 2016			

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D (Form 990)

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SKAGIT VALLEY COLLEGE FOUNDATION

Employer identification number 91 - 1012915

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
	, ,	(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 v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	he organization's accounting for
_	conservation easements.		
Pai			her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic 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 treations are also as a second	•	gain, provide
	the following amounts required to be reported under SFAS 1	· · ·	.
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

632051 08-29-16

Schedule D (Form 990) 2016

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

_			LEGE FOUND.				-101291		
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, o	r Other	Similar A	ssets(contin	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange prograr	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?			Yes	No_	
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other ass	ets not inc	cluded			
	on Form 990, Part X?						Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					?	Yes	□ No	
	If "Yes," explain the arrangement in Part XIII.				-				
Par									
	·	(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years	back (e) Four	years back	
1a	Beginning of year balance	10,670,422.	10,653,134.	9,172	,455.	8,424,	421. 7	,621,140.	
	Contributions	277,606.	553,539.	1,768	,337.	7. 162,876. 146,8			
	Net investment earnings, gains, and losses	1,066,971.	-157,491.		,274.	955,:	133.	918,049.	
	Grants or scholarships	318,367.	231,534.	288	,139.	260,	031.	171,234.	
	Other expenditures for facilities	·	,		,	<u> </u>		<u> </u>	
	and programs			8	,825.	!	583.	3,012.	
f	Administrative expenses	162,722.	147,226.	116	,968.	109,3	361.	87,348.	
g	End of year balance	11,533,910.	10,670,422.	10,653	,134.	9,172,	455. 8	,424,421.	
2	Provide the estimated percentage of the curr		e (line 1a. column (a)) held as:		<u> </u>		<u> </u>	
а	Board designated or quasi-endowment	14.00	%	,,					
	Permanent endowment 68.00	%	_						
		8.00							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	•	ation that are held a	nd administer	ed for the	organization	า		
	by:	· ·				Ü		Yes No	
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?						
4	Describe in Part XIII the intended uses of the							<u>_</u>	
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered), Part IV, line 11a. S	ee Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or of				ımulated	(d) Boo	k value	
		basis (investn			` '	ciation	\(\int_{\infty} = 30\)		
1a	Land	- ` `	, , , , , , , , , , , , , , , , , , ,	8,266.	•		60	8,266.	
	Buildings			4,120.	1,19	0,477.		3,643.	
	Leasehold improvements			9,335.		0,771.		8,564.	
	Equipment			3,121.		2,626.		0,495.	
	Other			-		-	1	-	

Schedule D (Form 990) 2016

1,660,968.

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

Schedule D (Form 990) 2016 SKAGIT VALL	EY COLLEGE FO	DUNDATION	91-1012915 Page
Part VII Investments - Other Securities.			_
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 1	· · · · · · · · · · · · · · · · · · ·
1 (e)	Description		(h) Book value

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

Other Liabilities. Part X

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)	LIFE INCOME ANNUITIES PAYABLE	77,700.	
(3)	TENANT DEPOSITS AND PREPAID RENT	43,500.	
(4)	DUE TO RELATED PARTY	236,988.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	358,188.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Par	t XI Reconciliation of Revenue per Audited Financial S		n Revenue per R	eturr).
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,994,316.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		947,222.		
b	Donated services and use of facilities	2b	118,600.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,065,822.
	Subtract line 2e from line 1			3	1,928,494.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a	49,507.		
b	Other (Describe in Part XIII.)	4b	-82,911.		
С	Add lines 4a and 4b			4c	-33,404.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,895,090.
Par	t XII Reconciliation of Expenses per Audited Financial	Statements Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.			
1	Total expenses and losses per audited financial statements			1	2,056,903.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	118,600.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		82,911.		
	Add lines 2a through 2d			2e	201,511.
	Subtract line 2e from line 1			3	1,855,392.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,507.		
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	49,507
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	1,904,899.
	t XIII Supplemental Information.	·			
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4; Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional infor	mation.		
PAR	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
DIR	RECT FUNDRAISING EXPENSES				
PAR	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
DIR	RECT FUNDRAISING EXPENSES				

Schedule D (Form 990) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SKAGIT VALLEY COLLEGE FOUNDATION

Employer identification number 91 – 1 01 2 91 5

5111011	***************************************				122 2022		
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities	Check all that apply			
				overnment grants	•		
b Internet and email solicitations				nment grants			
c Phone solicitations	g L Special	fundra	ising	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ding o	fficers, directors, trus	stees, or		
key employees listed in Form 990, P						☐ No	
b If "Yes," list the 10 highest paid indiv							
		iani io	agree	ments under which	the fullulaiser is to b) C	
compensated at least \$5,000 by the	organization.						
		/:::\	D:4		(v) Amount paid		
(i) Name and address of individual	(ii) A otivity	(iii) fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid	
or entity (fundraiser)	(ii) Activity	have c	trol of	from activity	fundraiser	to (or retained by) organization	
		contrib	utions?		listed in col. (i)	organization	
		Yes	No				
		•					
otal			<u> </u>				
3 List all states in which the organization	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration	
or licensing.							

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

Schedule G (Form 990 or 990-EZ) 2016

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FORD GOLF	ATHLETIC		(add col. (a) through
			CLASSIC	AUCTION	9	col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue			00.016	CE 026	35 003	101 724
Re	1	Gross receipts	89,816.	65,936.	35,982.	191,734.
	2	Less: Contributions	15,551.	2,139.	19,982.	37,672.
	3	Gross income (line 1 minus line 2)	74,265.	63,797.	16,000.	154,062.
	4	Cash prizes				
S	5	Noncash prizes	238.			238.
xpense	6	Rent/facility costs	18,866.		5,154.	24,020.
Direct Expenses	7	Food and beverages	4,267.		9,696.	13,963.
	8	Entertainment	2,501.	500.	2,467.	5,468.
	9	Other direct expenses	18,441.	6,821.	13,960.	39,222.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	82,911.
		Net income summary. Subtract line 10 from li	ine 3, column (d))	71,151.
Pa	ırt l	Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	_
		\$15,000 on Form 990-EZ, line 6a.				
<u>e</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(,9-	bingo/progressive bingo	(-,	col. (a) through col. (c))
Зev						
_	1	Gross revenue				
ses	2	Cash prizes				
=xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	_	Other direct evenues				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	riet gaming income summary. Subtract line 7	nomine i, column (d)		P	<u> </u>
9	Fn	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming a	-	states?		Yes No
		No," explain:				
J		, oxpiaiii				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

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Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 SKAGIT VALLEY COLLEGE FOUNDATION 91-1	.012915	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	· L Yes	└── No
k	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Coming manager companantian		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided P		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

Schedule G	(Form 990 or 990-EZ)	SKAGIT VALLEY	COLLEGE	FOUNDATION	91-1012915	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
		·				

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization SKAGIT VA	LLEY COLI	LEGE FOUNDAT	TION				Employer identification number 91-1012915
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	istance?					sistance, and the selec	otion X Yes No
Part II Grants and Other Assistance to	_				ganization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than		·	<u> </u>		(f) Method of	1	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SKAGIT VALLEY COLLEGE						SUPPLIES,	
2405 EAST COLLEGE WY.					ESTIMATED FAIR	EQUIPMENT,	
MOUNT VERNON, WA 98273	91-0822539	115	306,040.	52,220	MARKET VALUE	SALARIES	AID FOR COLLEGE PROGRAMS
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table	1	1		1.
3 Enter total number of other organization		1 table					

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

Schedule I (Form 990) (2016)

(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
AID FOR STUDENTS	208	286,291.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
ORGANIZATION: THE FOUNDATION EXIST	rs for th	E BENEFIT	OF THE COL	LEGE. ANY	
PAYMENTS SUPPORTING THE COLLEGE A	RE MONITO	RED BY FOU	UNDATION EM	PLOYEES.	
INDIVIDUALS: THE COLLEGE'S FINANCE	IAL AID D	EPARTMENT	NOTIFIES S	TUDENTS OF	
AWARDS AND MANAGES THE INDIVIDUAL	PAYOUTS.	THE COLLE	GE NOTIFIE	S THE	
FOUNDATION IN DECEMBER OF AMOUNT 1	NEEDED FO	R AWARDED	SCHOLARSHI	PS.	

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public Inspection

Name of the organization

SKAGIT VALLEY COLLEGE FOUNDATION

Employer identification number 91-1012915

Part I Bond Issues SEE 1	PART VI	FOR COLUM	(F) CO1	TINUAT	CIONS								_
(a) Issuer name (b)	o) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Iss	ue price	(f) Des	cription of purpose	(g) De	efeased	(h) On of iss		(i) Po finan	
								Yes	No	Yes	No	Yes	N
							E HOUSING						
A STUDENT HOUSING BOND		NONE	12/06/12	1,640),000. _I	FOR CO	LLEGE STUI)E	Х		Х		Σ
В													
c													
D													
Part II Proceeds										<u> </u>			_
			A			В	С				D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue													
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds													
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds													
11 Other spent proceeds													
12 Other unspent proceeds													
13 Year of substantial completion													
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a current refunding	ng issue?			X									
15 Were the bonds issued as part of an advance refur				X									
16 Has the final allocation of proceeds been made?				X									
17 Does the organization maintain adequate books and records to supp	port the final allocation	on of proceeds?		X									
Part III Private Business Use		·					·						
				\		В	С				D		
1 Was the organization a partner in a partnership, or	a member of an	LLC,	Yes	No	Yes	No	Yes	No		Yes		No	_
which owned property financed by tax-exempt bon				Х									
2 Are there any lease arrangements that may result in													
bond-financed property?	•		[X									
32121 10-19-16 LHA For Paperwork Reduction Act No	tice, see the Ir	structions for For	m 990.36		•	•	<u> </u>		Sche	dule K	(Forn	n 990)	20

Part	: III Private Business Use (Continued)								
			Ą	I	3	(Ç)
За	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?		X						
Part	IV Arbitrage								
			Ą	I	3	(Ç	[)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								,
a	Rebate not due yet?		X						
	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
	Is the bond issue a variable rate issue?		Х						
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X						
	Name of provider								
	Term of hedge								
	Was the hedge superintegrated?								
<u>e</u>	Was the hedge terminated?								

Part IV Arbitrage (Continued)								
	Yes No X		ı	В		2	1)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X						
Part V Procedures To Undertake Corrective Action						•	•	
		A		<u></u> В		2	ı)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K. See inst	ructions	•		•	•	•
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: STUDENT HOUSING BOND								
(F) DESCRIPTION OF PURPOSE: FINANCE HOUSING FOR	COLLEG	E STUDE	ENTS					

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.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization SKAGIT VALLEY COLLEGE FOUNDATION **Employer identification number** 91-1012915

	·	(a) Check if applicable		(c) Noncash cont amounts repo	rted on		Method o	(d) f determini ribution ar		ts
	Art Marko of ort		items contributed	Form 990, Part v	riii, iine ig					
1	Art - Works of art									—
2	Art - Historical treasures									
3	Art - Fractional interests									
ļ -	Books and publications									
5	Clothing and household goods	X	2	1.0	000	DOMEN	(AMED	Tabas z		
)	Cars and other vehicles	X	2	10	0,000.	FOLIT	TATED	PMV		
•	Boats and planes	X		2	3,500.	ESTI	IA.I.ED	FMV		
,	Intellectual property									
1	Securities - Publicly traded									
	Securities - Closely held stock									
	Securities - Partnership, LLC, or trust interests									
2	Securities - Miscellaneous									
	Qualified conservation contribution -									
	Historic structures									
	Qualified conservation contribution - Other									
	Real estate - Residential									
	Real estate - Commercial									
	Real estate - Other									
	Collectibles									_
	Food inventory									_
	Drugs and medical supplies									_
	Taxidermy									_
	Historical artifacts									_
	Scientific specimens									_
	Archeological artifacts									_
	Other ► (OTHER)	X	1	15	,451.	ESTIN	IATED	FMV		_
	Other (AUCTION ITEMS)	X	1		,669.					_
	Other (MACHINE)	X	1		,665.					_
	Other (GOLF CERTIFIC)	X	1		3,604.				TE	v
	Number of Forms 8283 received by the organ		n the tax year for c			1				Ť
	for which the organization completed Form 82		•		29					
	101 Which the organization completed 1 offit 02	.00, r art rv,	Donee Acknowled	gernerit	23				Yes	П
_	During the year, did the organization receive b	v contributio	on any property rer	orted in Part I lin	nee 1 throi	iah 28 th	at it		163	H
a							at it			
	must hold for at least three years from the dat							200		
_	exempt purposes for the entire holding period	·						30a		H
	If "Yes," describe the arrangement in Part II.							0.1		
	Does the organization have a gift acceptance							31		Ļ
а	Does the organization hire or use third parties		•							
	contributions?							32a		\perp
b	If "Yes," describe in Part II.									
	If the organization didn't report an amount in o	column (c) fo	r a type of property	y for which colum	ın (a) is che	ecked,				
	describe in Part II.									

632141 08-23-16

632142 08-23-16

Schedule M (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SKAGIT VALLEY COLLEGE FOUNDATION

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 91-1012915

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THIS CONSISTS OF VARIOUS SMALL PROGRAMS.

EXPENSES \$ 204,147. INCLUDING GRANTS OF \$ 180,076. REVENUE \$ 117,273.

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

THE FOUNDATION'S ACCOUNTANT REVIEWS THE FORM 990 PRIOR TO SUBMISSION TO THE EXECUTIVE DIRECTOR FOR REVIEW AND SIGNATURE. THE ACCOUNTANT RESPONDS TO GOVERNING BOARD REQUESTS FOR FORM 990 INFORMATION ON A REQUEST BASIS.

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

EACH COVERED PERSON COMPLETES AND/OR UPDATES A CONFLICT OF INTEREST QUESTIONNAIRE AT THE BEGINNING OF THEIR TERM OR AS RELEVANT CHANGES OCCUR. CONTRACTS ARE REGULARLY REVIEWED FOR IDENTITY TO SEE IF ANY BOARD MEMBERS, DIRECTORS, OR KEY EMPLOYEES ARE INVOLVED.

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

ALL EMPLOYEES ARE EMPLOYEES OF SKAGIT VALLEY COLLEGE AND, AS SUCH, COMPENSATION PROCESS IS HANDLED BY THE COLLEGE'S HUMAN RESOURCES DEPARTMENT, WHICH ASSESSES BASE COMPENSATION OF OTHER LIKE POSITIONS. COMPENSATION IS REVIEWED PERIODICALLY AND COMPARED TO EMPLOYEES IN SIMILAR POSITIONS WITHIN THE COMMUNITY AND TECHNICAL COLLEGE SYSTEM IN WASHINGTON THE BOARD OF DIRECTORS APPROVES FOUNDATION EMPLOYEE SALARIES STATE. ANNUALLY AS PART OF THE FISCAL YEAR BUDGET IN ORDER TO REMAIN FISCALLY RESPONSIBLE TO FUNDERS AND DONORS.

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

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization SKAGIT VALLEY COLLEGE FOUNDATION	Em	iploy 91	yer identification nu 1012915	umber
DOCUMENTS ARE AVAILABLE UPON REQUEST, AND AN ANNUAL REPOR	RT I	[S	PUBLISHED	AND
MADE AVAILABLE TO THE PUBLIC.				
FORM 990, PART XII, LINE 2C:				
NO CHANGES IN OVERSIGHT.				

SCHEDULE R (Form 990)

Part I

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

of disregarded entity

Department of the Treasury Internal Revenue Service

632161 09-06-16 LHA

SKAGIT VALLEY COLLEGE FOUNDATION

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

(b)

Primary activity

Employer identification number 91-1012915

(f)

Direct controlling

entity

Part II Identification of Related Tax-Exempt Orgorganizations during the tax year.	ganizations. Complete if the organizat	ion answered "Yes" on Form 990	D, Part IV, line 34 t	pecause it had one	or more 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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
SKAGIT VALLEY COLLEGE - 91-0822539				501(c)(3))		Yes	No
2405 E COLLEGE WY.							
MOUNT VERNON, WA 98273	HIGHER EDUCATION	WASHINGTON	115				Х
For Paperwork Reduction Act Notice, see the Instru	uctions for Form 990.		I .		Schedule R	(Form 9	90) 2016

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

organization about the argument and the form													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin	Percentage ownership		
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	5		
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		•				•	•		•		•		

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

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

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
	Gift, grant, or capital contribution to related organization(s)	1b	Х		
	Gift, grant, or capital contribution from related organization(s)	1c		X	
	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
	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	
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
	Sharing of paid employees with related organization(s)	10	Х		
р	Reimbursement paid to related organization(s) for expenses	1p	X		
q	Reimbursement paid by related organization(s) for expenses	1q		Х	
r	Other transfer of cash or property to related organization(s)	1r	Х		
s	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	1s	Х		
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SKAGIT VALLEY COLLEGE FOUNDATION	В	657,155.	CHECK PAYMENTS
(2) SKAGIT VALLEY COLLEGE FOUNDATION	0	118,000.	NON-CASH ACCRUAL
(3) SKAGIT VALLEY COLLEGE FOUNDATION	P	623,645.	CHECK PAYMENTS
(4) SKAGIT VALLEY COLLEGE FOUNDATION	R	51,720.	IN-KIND PROGRAM SUPPORT
(5) SKAGIT VALLEY COLLEGE FOUNDATION	S	77,510.	SCHOLARSHIP REFUND PAYMENTS
<u>(6)</u>	45		

Page 4

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

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

(a)	(b)	(c)	(d)	Are a partners 501(c orgs)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	ali s sec.	Share of	Share of	Dispr	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percenta
of entity		(state or foreign	(related, unrelated, leveluded from tax under	501(c)(3)	total	end-of-year	alloca	nate itions?	amount in box 20	partn	r? ownersh
		country)	sections 512-514)	Yes	Nο	income	assets	Vac	No	(Form 1065)	Yes	<u>.</u>
			,	163	140			163	110	,	163	
				\vdash					-		\vdash	_
												<u> </u>
								L	L			
										1		