### **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022 C Name of organization SKAGIT VALLEY COLLEGE FOUNDATION D Employer identification number Check if applicable: Doing business as 91-1012915 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 2405 East College Way 360-416-7870 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Mount Vernon, WA 98273 **G** Gross receipts \$ 9.166.839 Amended return H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer: Brad Tuininga 2405 East college Way, Mount Vernon, WA 98273 **H(b)** Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. Website: ► www.skagitfoundation.org **H(c)** Group exemption number ▶ Form of organization: Corporation Trust Association L Year of formation: 1978 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Secure donations to enhance education at Skagit Valley College through scholarships, grants, and institutional support. Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 11 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0 6 6 37 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . . . . . 1,977,995 2,918,811 Revenue 9 Program service revenue (Part VIII, line 2g) 598,820 660,324 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 645,004 1,225,435 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 115,114 162,282 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3.336.933 4.966.852 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 1,237,252 1,182,098 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 397,317 95,631 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 690,569 1,027,074 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2,325,138 2,304,803 Revenue less expenses. Subtract line 18 from line 12 . . . . . 19 1,011,795 2,662,049 Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 22,764,400 21,510,181 21 Total liabilities (Part X, line 26) . 850,242 887.759 22 Net assets or fund balances. Subtract line 21 from line 20 21,914,158 20,622,422 Part II **Signature Block** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer  Brad Tuininga, Executive Director			Date		
	Type or print name and title					
Paid Preparer	Print/Type preparer's name  Keaton Wersen	Preparer's signature	Date		Check  if self-employed	PTIN <b>P01957642</b>
Use Only	Firm's name    Wersen Nonprofit CPA		Firm's EIN ▶ 88-2533599			
USE Offing	Firm's address ► 4513 Lakeway Drive, Bo	Phone no. 360-770-9369				
May the IRS	discuss this return with the preparer s	shown above? See instructions				✓ Yes No

Form 990 (2021) Page **2** 

Part	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 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?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,265,579 including grants of \$ 995,773 ) (Revenue \$ 0 ) \$648,604 in academic scholarships were awarded to Skagit Valley College students for the 2021/2022 school year. \$533,494 in program assistance grants were awarded to Skagit Valley College programs for the 2021/2022 school year. Skagit Valley College provides academic transfer and professional technical 2-year degrees and certificates in over 25 fields of study; many of these degrees transfer to most Washington State 4-year colleges and universities. Additionally, Skagit Valley College provides 4-year bachelor's degrees in Environmental Conservation and Applied Management. For students looking to become college-ready, SVC offers Adult Basic Education courses and prep classes in math, English, English Language Acquisition, GED and more.
4b	(Code:) (Expenses \$458,504 including grants of \$0 ) (Revenue \$660,324 ) 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.
4c	(Code: ) (Expenses \$ 186,325 including grants of \$ 186,325 ) (Revenue \$ 0 )  SVC's Early Learning & Childcare Center will support children, families, SVC students and our community in three ways: 1.)  provide high quality early learning and childcare classrooms for infants, toddlers and preschoolers for children of SVC students and our community; 2) serve as a learning lab and training center for SVC Early Childhood Education students; and 3) serve as a hub for organizations across our county to collaborate and share resources.
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 1 (Expenses \$ 20,473 including grants of \$ 0 ) (Revenue \$ 0 )
4e	Total program service expenses ► 1,930,881

Form 990 (2	2021)	
Part IV	Checklist of Required Schedules	

			res	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	,	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	<b>V</b>	<b>V</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		\ \ \
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		\ \ \
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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		>
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? <i>If "Yes," complete Schedule D, Part IV </i>	9		>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	-
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	~	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		<b>&gt;</b>
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e	<i>V</i>	·
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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		>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
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Part l	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	~	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
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	V	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		~
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	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36	,	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	,	
Part	Statements Regarding Other IRS Filings and Tax Compliance	_ 55	•	
	Check it Schedule O contains a response or note to any line in this Part V	• •	Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-	. 55	
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10	.,	

Form 990 (2021)

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		,		
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
	and services provided to the payor?	7a	~			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	7с		~		
	If "Yes," indicate the number of Forms 8282 filed during the year					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		~		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	~			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11				
_	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
	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					
10-	against amounts due or received from them.)	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a				
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
-	<b>Note:</b> 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					
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		~		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		.,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.	.,				
	•					

Form 990 (2021) Page **6** 

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a ~ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 ~ Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . 15a Other officers or key employees of the organization . . . . . . . . . . . . . . . 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Kathy Eldred, (360)416-7821

Part VI

Form 990 (2021) Page **7** 

# 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ated any current	otticer, director,	or trustee.
		(C)								
(A)	(B)	(do n	ot oh		ition	o than	ana	(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours per week					or/trust	tee)	compensation from the	compensation from related	of other compensation
	(list any	or o	Ins	Officer	<u>8</u>	Hig	Former	organization (W-2/	organizations (W-2/	
	hours for	direc	titut	icer	Key employee	hes	mer	1099-MISC/	1099-MISC/	organization and
	related organizations	otor la	ione		oldt	9 t co		1099-NEC)	1099-NEC)	related organizations
	below	Individual trustee or director	ŧ		yee	npe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
						ed				
Brad Tuininga	40.00	1								
Executive Director				~				0	97,105	28,026
Pam Allen	2.00									
President		~		~				0	0	0
Vhari Rust-Clark	2.00									
Vice-president		~		~				0	0	0
Brian Gentry	1.00									
Treasurer		~		~				0	0	0
Isaac Williams	1.00									
Secretary		~		~				0	0	0
Janie Beasley	1.00									
Director		~						0	0	0
Heather Hernandez	1.00									
Director		~						0	0	0
Todd Krantz	1.00									
Director		~						0	0	0
Danielle Martin	1.00									
Director		~						0	0	0
Margaret Rojos	1.00									
Director		~						0	0	0
John Sternlicht	1.00									
Director		~						0	0	0
Charlie Wend	1.00									
Director		~						0	0	0
		1								
	ļ	1								
					1					1

Part	VII Section A. Officers, Directors,	Trustees,	Key	Emį	olo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (d	contin	ued)
	<b>(A)</b> Name and title	(B) Average hours	(C) Position (do not check more that box, unless person is but officer and a director/tri					n an	(D)  Reportable compensation	( <b>E</b> ) Report	able		<b>(F)</b> ted amo	ount
		per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from re organizatio 1099-N 1099-N	lated ns (W-2/ IISC/	fro	pensation the ization a brganiza	and
			-											
			1											
			-											
			-											
			-											
			-											
			-											
1b	Subtotal							<b></b>	0		97,105		28	8,026
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						<b>&gt;</b>	0		97,105		21	8,026
2	Total number of individuals (including bu	t not limited						e) w		e than \$1		of		3,020
	reportable compensation from the organ	ization >							0				Yes	No
3	Did the organization list any former employee on line 1a? If "Yes," complete								loyee, or highes	st compe	ensated			
4	For any individual listed on line 1a, is the	e sum of re	porta	ble (	con	nper	nsatio	n a	and other compe			3		
	organization and related organizations individual	greater th	an \$ <sup>-</sup>	150,	000	)? <i>I</i> :	f "Ye.	s,"	complete Sched	dule J fo	or such	4		~
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or inc				_
	on B. Independent Contractors												100.00	
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add	dress							(B) Description of serv	vices	(	(C) Compens	ation	
TRIC	O Companies LLC, PO Box 409, Burlington, V	VA 98233						Со	onstruction				1,37	5,601
2	Total number of independent contractor	ors (includi	ng bu	ut n	ot I	limit	ed to	th	nose listed abov	e) who				

received more than \$100,000 of compensation from the organization ▶

# Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ي ق	С	Fundraising events			1c	11,794				
rts,	d	Related organization			1d	49,000				
ia gi	е	Government grants			1e	0				
ns,	f	All other contribution								
tio er S		and similar amounts no	ot incl	uded above	1f	2,858,017				
真	g	Noncash contribution	ons in	cluded in		,,,,,,				
a d	_	lines 1a-1f			1g	\$ 92,417				
a Co	h						2,918,811			
						Business Code	, ,,,,			
e S	2a	Student Housing				531110	660,324	660,324	0	0
ه ≧	b									-
gram Ser Revenue	С									
E Š	d									
P. S.	e									
Program Service Revenue	f	All other program se					0	0	0	0
_	g	Total. Add lines 2a-				•	660,324			-
	3	Investment income								
		other similar amoun					900,099	0	0	900,099
	4	Income from investr	nent o	of tax-exem	pt bo	nd proceeds ►	0	0	0	0
	5				-		0	0	0	0
		,		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income o		s)		•				
	7a	Gross amount from		(i) Securiti		(ii) Other				
		sales of assets								
		other than inventory	7a	4,454	4,838	0				
ø	b	Less: cost or other basis								
Revenue		and sales expenses .	7b	4.129	9,502	0				
e Ve	С	Gain or (loss)	7c		5,336	0				
		Net gain or (loss)	<u> </u>				325,336	0	0	325,336
Other		Gross income from		1			,			
ŏ	-	events (not including		11,794						
		of contributions rep		<del>-</del>						
		1c). See Part IV, line	18		8a	135,210				
	b	Less: direct expens	es .		8b	70,485				
	С	Net income or (loss)			g eve		64,725		0	64,725
	9a	Gross income f								
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
	С	Net income or (loss)	) from	gaming ac	tivitie	es <b>&gt;</b>				
	10a	Gross sales of ir	nvent	ory, less						
		returns and allowan	ces		10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)			vento	ory <b>&gt;</b>				
<u>s</u>						Business Code				
e go	11a	Booster				900099	97,557	97,557	0	0
scellaneo Revenue	b									
	С									
Miscellaneous Revenue	d	All other revenue					0		0	0
Σ	е	Total. Add lines 11a	a_11c	<u>l.</u>		•	97,557			
	12	Total revenue. See					4,966,852	757,881	0	1,290,160

# 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

	Check if Schedule O contains a response or note to any line in this Part IX									
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)					
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21 .	533,494	533,494							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	648,604	648,604							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	95,631	31,877	31,877	31,877					
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$									
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9 10 11	Other employee benefits									
а	Management									
b	Legal									
С	Accounting	21,650	5,500	16,150						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	83,039		83,039						
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) .									
40		327,826	199,284	81,890	46,652					
12	Advertising and promotion									
13	Office expenses	19,717	5,248	7,463	7,006					
14 15	Information technology									
16	Royalties	158,604	131,055	18,000	9,549					
17	Travel	1,213	131,000	1,213	9,549					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,213		1,213						
19	Conferences, conventions, and meetings	4,295		4,295						
20	Interest	16,605	16,605	1,270						
21	Payments to affiliates	12,500	12,300		-					
22	Depreciation, depletion, and amortization .	96,421	94,087	2,334						
23	Insurance	35,175	33,388	1,787						
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A), amount, list line 24e expenses on Schedule O.)									
a	Booster expense	113,618	113,618	0	0					
b	Equipment and maintenance	64,257	54,249	10,008	0					
C C	Awards and recognition	46,176	46,176	0	0					
d	All other expenses	20.470	17 /0/	12 207	7 205					
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	38,478 2,304,803	17,696 1,930,881	13,387 271,443	7,395 102,479					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	2,304,803	1,730,681	2/1,443						
					Form <b>990</b> (2021)					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	. 1,590,425	1	1,701,998
	2	Savings and temporary cash investments	. 631,337	2	740,234
	3	Pledges and grants receivable, net	. 11,085	3	4,343
	4	Accounts receivable, net	. 16,731	4	25,369
	5	Loans and other receivables from any current or former officer, directed			
		trustee, key employee, creator or founder, substantial contributor, or 35			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defin			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	) .	6	
ts	7	Notes and loans receivable, net	-	7	429,252
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	. 7,138	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,895,			
	b	Less: accumulated depreciation			3,029,098
	11	Investments—publicly traded securities			15,571,568
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11			8,319
	16	Total assets. Add lines 1 through 15 (must equal line 33)			21,510,181
	17	Accounts payable and accrued expenses			362,050
	18	Grants payable	-		26,992
	19	Deferred revenue			17,750
	20	Tax-exempt bond liabilities			345,697
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, direct			
≣		trustee, key employee, creator or founder, substantial contributor, or 35			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related the parties, and other liabilities not included on lines 17–24). Complete Part			
		of Schedule D			
			114,100	_	135,270
	26	Total liabilities. Add lines 17 through 25	. 850,242	26	887,759
ces		Organizations that follow FASB ASC 958, check here ▶   and complete lines 27, 28, 32, and 33.			
an	27		F 201 727	27	F 0F2 000
Bal	27 28	Net assets without donor restrictions		<b>.</b>	5,852,980
힏	20	Organizations that do not follow FASB ASC 958, check here ▶ □	. 16,622,421	20	14,769,442
五		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			20,622,422
$\frac{8}{8}$	33	Total liabilities and net assets/fund balances			21,510,181
			22/107/700		21,010,101

Form 990 (2021) Page **12** 

Part	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)			4,96	6,852				
2	Total expenses (must equal Part IX, column (A), line 25)			2,30	4,803				
3	Revenue less expenses. Subtract line 2 from line 1			2,66	2,049				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		21,914,158						
5	5 Net unrealized gains (losses) on investments								
6	6 Donated services and use of facilities								
7	Investment expenses				0				
8	Prior period adjustments				0				
9	Other changes in net assets or fund balances (explain on Schedule O)				0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	)		20,62	2,422				
Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				$\Box$				
				Yes	No				
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain	in on							
	Schedule O.								
2a			2a		~				
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or							
	reviewed 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	~					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a							
	separate basis, consolidated basis, or both:								
	✓ 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 oversig								
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	~					
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	iin on							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	in the			_				
<b>L</b>		a +b-	3a		· ·				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit		3b						
			1						

Form **990** (2021)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	GIT VALLEY COLLEGE FOUNDATION					91-10				
Par	rt I Reason for Public Char	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.			
The o	organization is not a private founda	tion because it i	s: (For lines 1 through	12, ched	k only or	ne box.)				
1	☐ A church, convention of church	nes, or associati	on of churches descri	ibed in <b>se</b>	ection 17	0(b)(1)(A)(i).				
2	=									
3	=									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 7										
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)						
9	An agricultural research organi- or university or a non-land-gran- university:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or			
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 <sup>1</sup> /3% of its			
11	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).				
12	☐ An organization organized and one or more publicly supported the box on lines 12a through 12	organizations d	escribed in section 5	<b>09(a)(1)</b> ⊙	r <b>section</b>	509(a)(2). See secti	i <b>on 509(a)(3).</b> Check			
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ijority of t					
b	Type II. A supporting organ control or management of to organization(s). You must o	he supporting o	rganization vested in	the same						
С	Type III functionally integrits supported organization(s						ally integrated with,			
d	Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an				
е	Check this box if the organ functionally integrated, or T						e II, Type III			
f	Enter the number of supported of	•								
g	Provide the following information	about the supp	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
	_									

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 2,903,677 971,380 1,977,995 1,728,016 2,918,811 10,499,879 Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 118,000 118,000 118,000 118,000 118,000 590,000 Total. Add lines 1 through 3. . . . 4 3,021,677 1,089,380 1,846,016 2,095,995 3,036,811 11,089,879 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) . . . . 3,706,895 Public support. Subtract line 5 from line 4 7,382,984 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 . . . . . . 11,089,879 1,089,380 1,846,016 3,036,811 3,021,677 2,095,995 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 367,230 463,386 469,860 528,702 900.099 2,729,277 Net income from unrelated business 9 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.) . . . . . . . 0 **Total support.** Add lines 7 through 10 11 13,819,156 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 3.795.028 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . . 53.43 % Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

# 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 falls to quality	under the te	ists listed bei	ow, piease co	implete rait	II. <i>)</i>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	<del> </del>		1				
ı a	received from disqualified persons .						
	· · · · · ·		-				
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	· · · · · · · · · · · · · · · ·						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
01:	line 6.)						
	on B. Total Support	/ ) 0047	# N 0040	( ) 0040	/ IN 0000	( ) 0004	(n =
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	·е					🕨 🗆
Secti	on C. Computation of Public Suppor	t Percentag	ie				
15	Public support percentage for 2021 (line 8	B, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
Secti	on D. Computation of Investment Inc					-	
17	Investment income percentage for 2021 (I	ine 10c, colur	nn (f), divided l	oy line 13, colu	mn (f))	17	%
18	Investment income percentage from 2020			-		18	%
19a	331/3% support tests-2021. If the organi					ore than 331/39	
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box a						
b	331/3% support tests-2020. If the organize	_	_	-		=	
-	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this b						
20	Private foundation If the organization did	_	=	•	-		_

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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	5a		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Schedule A (Form 990 or 990-EZ) 2021

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.</li> </ul>			
2	Activities Test. Answer lines 2a and 2b 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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	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 <b>Part VI</b> the role played by the organization in this regard.	3h		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional		ntegrated Type III suppo	orting organization
,	(see instructions).	any I	megrated Type III suppo	nung organization

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive		
				8	
10	Distributable amount for 2021 from Section C, line 6  Line 8 amount divided by line 9 amount			9 10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

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

#### SCHEDULE D (Form 990)

**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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number SKAGIT VALLEY COLLEGE FOUNDATION 91-1012915 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

Schedu	le D (Form 990) 2021						Page <b>2</b>
Part	Organizations Maintaining (	Collections of	Art. Historical	Treasures.	or Ot	her Similar As	
3	Using the organization's acquisition, accollection items (check all that apply):						
а	☐ Public exhibition		d □ Loai	n or exchange	e proar	am	
b	Scholarly research						
c	☐ Preservation for future generations		<b>C</b>				
4	Provide a description of the organization	n's collections a	nd explain how	they further	the ord	anization's exer	not purpose in Part
•	XIII.		ara explain new	andy rantinon	0.9	janization o oxor	inpr parpood in r are
5	During the year, did the organization s assets to be sold to raise funds rather t						
Pari			inod do part or t	no organizati	011 0 00		☐ Yes ☐ No
raii	Complete if the organization a 990, Part X, line 21.		on Form 990,	Part IV, line	9, or	reported an an	nount on Form
1a	Is the organization an agent, trustee, or included on Form 990, Part X?		-				
b	If "Yes," explain the arrangement in Par						
						A	mount
С	Beginning balance				1c	;	
d	Additions during the year				1d	1	
е	Distributions during the year				1e	,	
f	Ending balance				1f		
2a	Did the organization include an amount	on Form 990, Pa	art X, line 21, for	escrow or cu	ıstodia	l account liability	/? ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Par	t XIII. Check here	e if the explanati	on has been	provide	ed on Part XIII .	$\square$
	t V Endowment Funds.						
	Complete if the organization a	answered "Yes"	on Form 990,	Part IV, line	e 10.		
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	k (e) Four years back
1a	Beginning of year balance	19,089,237	15,513,85	2 14.4	37,809	13,960,46	7 11,533,910
b	Contributions	495,793	854,50		78,805	373,04	
C	Net investment earnings, gains, and	.70/170	00.700		. 0,000	0.0,0.	
	losses	-2,814,053	3,292,56	1 5	91,698	651,11	8 853,728
d	Grants or scholarships	589,629	311,50		73,809	383,00	
e	Other expenditures for facilities and	007,027	011/00		70,007	000,00	010,000
	programs	0		0	0		0
f	Administrative expenses	285,171	260,18		20,915	163,81	
g	End of year balance	15,896,177	19,089,23		13,588	14,437,80	
2	Provide the estimated percentage of the						3 13,700,407
a	Board designated or quasi-endowment		%	g, column (a)	,, riola (	ao.	
b		3 %	/ 0				
C	Term endowment ► 11 %						
C	The percentages on lines 2a, 2b, and 2c	e should equal 10	nn%				
3a	Are there endowment funds not in the			hat are held a	and ad	ministered for th	
	organization by:						Yes No
	(i) Unrelated organizations						3a(i) 🗸
	• •						3a(ii) 🗸
b	If "Yes" on line 3a(ii), are the related org		•				3b
4	Describe in Part XIII the intended uses of		n's endowment	funds.			
Par	Land, Buildings, and Equipm Complete if the organization a		' on Form 990,	Part IV, line	11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth (investme	1	or other basis (other)		Accumulated epreciation	(d) Book value
1a	Land		0	608,266			608,266
b	Buildings		0	1,984,120		1,438,491	545,629
C	Leasehold improvements		0	2,245,810		400,176	1,845,634
-				, , , , , , ,			-1100 1

0

0

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

57,190

0

**d** Equipment

e Other .

29,569

3,029,098

0

27,621

. ▶

0

Part VII	Investments – Other Securities.		•
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11b. See F	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(I)		
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .		
Part VIII	Investments—Program Related.	+ IV / II: 44 - O F	000 Davit V. lina 10
	Complete if the organization answered "Yes" on Form 990, Par		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
Part IX	Other Assets.		
raitix	Complete if the organization answered "Yes" on Form 990, Par	t IV line 11d See F	Form 990 Part X line 15
	(a) Description	117, 11110 1110. 0001	(b) Book value
(1)	(a) Dosamplian		(2) 2001. Taliao
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		. ▶
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11e or 11f	. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal ir	ncome taxes		0
(2) Tenant	deposits and prepaid rent		36,560
(3) Due to r	elated party		98,710
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(h) must small Fame 000 B 1 V 1 (D) (1 05)		
	mn (b) must equal Form 990, Part XI, col. (B) line 25.)		. 135,270
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the org s liability for uncertain tax positions under FASB ASC 740. Check here if the te		

Schedule D (Form 990) 2021

Page 4

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

· GII	Complete if the organization answered "Yes" on Form 990, F	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,048,028
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				,,,,,,,
а	Net unrealized gains (losses) on investments	2a	-3,953,785		
b	Donated services and use of facilities	2b	118,000		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	-3,835,785
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,883,813
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	4a	83,039		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	83,039
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	4,966,852
Part				r Retui	rn.
	Complete if the organization answered "Yes" on Form 990, F				
1	· · ·     · · · · · · · · · · · · · · ·			1	2,339,764
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	۱.	1		
a	Donated services and use of facilities	2a	118,000		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0	0-	
e	Add lines 2a through 2d			2e 3	118,000
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	 I		3	2,221,764
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	83,039		
a b	Other (Describe in Part XIII.)	4b	03,039		
	Add lines 4a and 4b			4c	83,039
_					
с 5					· · · · · · · · · · · · · · · · · · ·
5 Part	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	<u> </u>	5	2,304,803
5 Part Provid 2; Par Sched	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i> <b>XIII Supplemental Information.</b> le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part III lule D, Part V, Line 4 - The Foundation's endowment was established to support	e 18.)	art IV, lines 1b and 2b ovide any additional in git Valley College schol	; Part V, formatio	2,304,803 line 4; Part X, line n. and programs.
5 Part Provid 2; Par Sched	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part IIII IIII IIII IIII IIII IIII IIII I	e 18.)	art IV, lines 1b and 2b ovide any additional in git Valley College schol	; Part V, formatio	2,304,803 line 4; Part X, line n. and programs.
5 Part Provid 2; Par Sched	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part IIII IIII IIII IIII IIII IIII IIII I	e 18.)	art IV, lines 1b and 2b ovide any additional in git Valley College schol	; Part V, formatio	2,304,803 line 4; Part X, line n. and programs.
5 Part Provide 2; Par Sched	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>XIII</b> Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part IIII IIII IIII IIII IIII IIII IIII I	e 18.)	art IV, lines 1b and 2b ovide any additional in git Valley College schol	; Part V, formatio	2,304,803 line 4; Part X, line n. and programs.
5 Part Provide 2; Par Sched	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part lule D, Part V, Line 4 - The Foundation's endowment was established to suppor	e 18.)	art IV, lines 1b and 2b ovide any additional in git Valley College schol	; Part V, formatio	2,304,803 line 4; Part X, line n. and programs.
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5 Part Provice 2; Par Sched	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part lule D, Part V, Line 4 - The Foundation's endowment was established to support	e 18.)	art IV, lines 1b and 2b ovide any additional in git Valley College schol	; Part V, formatio	2,304,803  line 4; Part X, line n. and programs.
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5 Part Provid 2; Par Sched	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  let the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part lule D, Part V, Line 4 - The Foundation's endowment was established to support	e 18.)	art IV, lines 1b and 2b ovide any additional in git Valley College schol	; Part V, formatio	2,304,803  line 4; Part X, line n. and programs.
5 Part Provid 2; Par Sched	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  let the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part lule D, Part V, Line 4 - The Foundation's endowment was established to support	e 18.)	art IV, lines 1b and 2b ovide any additional in git Valley College schol	; Part V, formatio	2,304,803  line 4; Part X, line n. and programs.
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5 Part Provide 2; Part Sched	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part rule D, Part V, Line 4 - The Foundation's endowment was established to support	e 18.)	art IV, lines 1b and 2b ovide any additional in git Valley College schol	; Part V, formatio	2,304,803  line 4; Part X, line n. and programs.

### SCHEDULE G (Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SKAC	GIT VALLEY COLLEGE FOUNDATIO	N				91-	1012915
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organizatio	n raised funds t	through any	of the follo	owing activities. (	Check all that apply.	
а	☐ Mail solicitations		е	Solicitat	on of non-goverr	nment grants	
b	☐ Internet and email solicitation	ns	f □		on of governmer	_	
С	☐ Phone solicitations		g -		fundraising event		
d	☐ In-person solicitations		3 _	p			
2a	Did the organization have a writ	ten or oral agre	ement with	any individ	lual (including off	icare directore truet	000
Za	or key employees listed in Form						
b	If "Yes," list the 10 highest paid	-	=		-	=	
D	compensated at least \$5,000 by			diaiseis) pi	disuant to agreer	nents under which th	e fullulaisel is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the orga registration or licensing.	nization is regis	stered or lic	ensed to s	olicit contribution	ns or has been notific	ed it is exempt from
	·						

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.

			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			Ford Golf Tournament (event type)	Athletic Auction (event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
Р			(Overne type)	(Ovoin typo)	(total nambol)	
Revenue	1	Gross receipts	35,963	111,041		147,004
ш	2		2,568	9,226		11,794
	3	Gross income (line 1 minus line 2)	33,395	101,815		135,210
	4	Cash prizes	0	0		0
	5	Noncash prizes	2,663	0		2,663
enses	6	Rent/facility costs	21,273	0		21,273
Direct Expenses	7	Food and beverages	4,236	5,715		9,951
Direc	8	Entertainment	1,834	3,206		5,040
	9	Other direct expenses .	2,845	28,713		31,558
	10	Direct expense summary. Ac	ld lines 4 through 9 in c	olumn (d)	•	70,485
	11	Net income summary. Subtra	•	. ,	_	64,725
Pa	rt II		e organization answe	. ,		
Ф		. ,		(b) Pull tabs/instant	(a) Other gening	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev		Crass revenue				
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)		
9		Enter the state(s) in which the or	ragnization conducts as	ming activities:		
	a l	Is the organization licensed to colf "No," explain:	onduct gaming activities	s in each of these states		
	-					
10		Were any of the organization's g If "Yes," explain:	_	-	ated during the tax year	
	-					

Jiledui	ie a (i oiii 990 di 990-L2) 2021		rage <b>u</b>
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	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:		0.4
a	The organization's facility		%
b	An outside facility		%
14	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?	□Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		_
	Name ►		
	Address►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17 a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 ▶ \$	☐ Yes	□No
Part			

### SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization							Employer i	dentification number	r
SKAGIT VALLEY COLLEGE FOUNDAT	TION							91-1012915	
Part I General Information	on Grants and	Assistance							
<ol> <li>Does the organization maintathe selection criteria used to</li> <li>Describe in Part IV the organization</li> <li>Part II</li> <li>Grants and Other As Part IV, line 21, for an</li> </ol>	award the grants ization's proceduresistance to Do	or assistance? es for monitoring <b>mestic Organi</b> z	the use of grant furations and Don		States. Complete	if the organization	on answei	. Ves	□ <b>No</b> orm 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<del> </del>	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description	n of	(h) Purpose of g	
(1) Sch I, Stmt 1		, , , ,			ottler)				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other o</li></ul>									
	J		· · · · ·		· · · ·	<u> </u>			

Schedule I (Form 990) 2021 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (e) Method of valuation (book, (c) Amount of (b) Number of (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 1 Scholarships 270 648,604 0 2 3 5 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule I, Part I, Line 2 - Organizations: The Foundation exists for the benefit of the college. Any payments supporting the college are monitored by Foundation employees. Individuals: The college's financial aid department notifies students of awards and manages the individual payouts. The college notifies the Foundation in December of the amount needed for awarded scholarships.

#### SKAGIT VALLEY COLLEGE FOUNDATION

Form: **Schedule I (2021)** EIN: **91-1012915** 

Page: 1 Part II, Line 1

#### Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Skagit Valley College	91-0822539	445,803	87,690
	205 E college Way			
	Mount Vernon, WA 98273			
IRC code section				
Method of valuation	FMV			
Desc. of Non-Cash Asst. Purpose of grant	Program supplies and equipment			

# SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

► 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.

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

Open to Public Inspection

**Employer identification number** 

SKAGIT VALLEY COLLEGE FOUNDATION 91-1012915 **Bond Issues** (i) Pooled financing (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (a) Issuer name behalf of issuer Student housing Bond Finance housing for college students. 1,640,000 Yes No Yes No Yes No 12/06/2012 Α В C D **Proceeds** Part II C D Α В 0 0 3 0 5 0 0 7 0 9 10 11 0 12 0 Yes Nο Yes Yes Nο Yes Nο Nο Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . . . . . . . . . . . V Were the bonds issued as part of a refunding issue of taxable bonds (or, if 17 Does the organization maintain adequate books and records to support the 

Schedule K (Form 990) 2021

Part	Private Business Use								•
			A	I	В	(	2	ſ	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 bonds?		· ·						
2	Are there any lease arrangements that may result in private business use of								
_	bond-financed property?		· ·						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?								
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?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		· ·						
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,						0.4		0.4
	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?		· ·						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		70		70		70		
	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?		~						
Part	IV Arbitrage		1						
			A	ı	В		)	Г	D
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?		~						
2	If "No" to line 1, did the following apply?		•						
а	Rebate not due yet?		~						
b	Exception to rebate?		~						
С	No rebate due?		~						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?		~						

Schedule K (Form 990) 2021

Part	Marbitrage (continued)									
			A		В		2	I	)	
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
	hedge with respect to the bond issue?		~							
b	Name of provider									
С	Term of hedge				_					
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									
	Were gross proceeds invested in a guaranteed investment contract (GIC)? .		<b>'</b>							
b	Name of provider									
	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? .		~							
7	Has the organization established written procedures to monitor the									
	requirements of section 148?		<b>v</b>							
Part	V Procedures To Undertake Corrective Action									
		A B			В	(	<u> </u>	D		
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
	of federal tax requirements are timely identified and corrected through the									
	voluntary closing agreement program if self-remediation isn't available under									
	applicable regulations?		~							
Part	VI Supplemental Information. Provide additional information for resp	oonses to	questions	on Schedu	ıle K. See i	nstructions	S.			

#### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

SKAGIT VALLEY COLLEGE FOUNDATION

Employer identification number

91-1012915

Part	Types of Property	(a) Check if applicable	(b)  Number of contributions or items contributed	(c)  Noncash contribution amounts reported on	Method o			
1	Art—Works of art	арричало	nome commedia	Form 990, Part VIII, line 1g				
2	Art—Works of art							
3	Art—Fractional interests							
4	Books and publications			100	FMV			
5	Clothing and household goods			100	1100			
6	Cars and other vehicles	~	7	17,815	FMV			
7	Boats and planes	~	2	46,300				
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution-Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19 20	Food inventory							
20 21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( Tools and equipment )		4	23,476	FMV			
26	Other ► (		,	20,470				
27	Other ► ()							
28	Other ► (							
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	3, Part V, Donee Acknowled	dgement	29			
					,		Yes	No
30a	During the year, did the organization							
	28, that it must hold for at least t							
_	to be used for exempt purposes		re notaing period?			30a		~
b	If "Yes," describe the arrangement		-t	and the constant of				
31	Does the organization have a contributions?							
20-						31		
32a	Does the organization hire or use contributions?					32a		~
b	If "Yes." describe in Part II.							

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

33

describe in Part II.

Schedule M (Form 990) 2021 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

tion.

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
SKAGIT VALLEY COLLEGE FOUNDATION	91-1012915
Form 990, Part III, Line 2 - During the fiscal year, the Foundation constructed a Pickleball Pavilion on Colle	
	ege grounds, notaling its grand
opening on June 30, 2022. See additional details on Line 4d.	
Form 990, Part VI, Section B, Line 11b - The Foundation's accountant reviews the Form 990 prior to submi	ssion 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	est questionnaire at the heginning
of their term or as relevant changes occur. Contracts are regularly reviewed for identity to see if any board	
	u members, directors or key
employees are involved.	
Form 990, Part VI, Section B, Line 15 - Compensation is paid by Skagit Valley College and, as such, the co	mpensation process is handles
by the College's human resources department, which assesses base compensation of other like position.	Compensation is reviewed
periodically and compared to employees in similar positions within the community and technical college	system in Washington state. The
board of directors approves Foundation employee salaries annually as part of the fiscal year budget in or	der to remain fiscally responsible
to funders and donors.	
Form 990, Part VI, Section C, Line 19 - Documents are available upon request, and an annual report is pub	olished and made available to the
public.	money and made available to the
public.	
5 000 D 10/11 44 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Form 990, Part IX, Line 11g - Salaries, wages and employee benefits paid by related party (300,076) and ot	ner contracting services
(27,750).	

Schedule O, Statement 1

#### **SKAGIT VALLEY COLLEGE FOUNDATION**

Form: Form 990 (2021)

EIN: 91-1012915
Part III, Line 4d

Page: 2
Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	During the fiscal year, the Foundation constructed a Pickleball Pavilion on College grounds, holding its grand opening on June 30, 2022. The Pickleball Pavilion, constructed during fiscal year 2022 by the Foundation, is currently being held for the benefit of the College and is set to transfer ownership to the College at the end of the ground lease term. The Pickleball Pavilion is free, open to the public and is the first pickleball court to open at a Washington state community college.	20,473	0	0
Total:		20,473	0	0

#### **SCHEDULE R** (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

OMB No. 1545-0047

(f)

Direct controlling

entity

(e)

End-of-year assets

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Open to Public ► Attach to Form 990. Inspection

(c)

Legal domicile (state

or foreign country)

(d)

Total income

Department of the Treasury Internal Revenue Service

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

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

(b)

Primary activity

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

(1)								
(2)								
(3)								
<u>(4)</u>								
(5)		•						
(6)								
Part II Identification of Related Tax-Exempt Organizations du one or more related tax-exempt organizations du	ations. Couring the t	umplete if the ax year.	he organization a	answered "Yes" o	n Form 990, Part	IV, line 34, bec	ause it h	ad
(a) Name, address, and EIN of related organization	Prima	<b>(b)</b> ry activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conf	(g) 512(b)(13) trolled tity?
							Yes	No
(1) Skagit Valley College (91-0822539) 2405 E College Way, Mount Vernon, WA 98273	Higher edu	ucation	WA	115		N/A		~
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

(a)

Name, address, and EIN (if applicable) of disregarded entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	Dispropalloca	ortionate	? amount in box 20 of Schedule K-1 (Form 1065)		ate Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		i) eral or aging ner?	(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

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)	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 conti ent	(i) 512(b)(13) rolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Ye	es	No
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	а		~
b	Gift, grant, or capital contribution to related organization(s)	b	<u> </u>	
С	Gift, grant, or capital contribution from related organization(s)	С		~
d	Loans or loan guarantees to or for related organization(s)	d		~
е	Loans or loan guarantees by related organization(s)	е		~
f	Dividends from related organization(s)	lf		~
g	Sale of assets to related organization(s)	g		~
h		h		~
i	Exchange of assets with related organization(s)	1i		~
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		~
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	k		~
- 1		11		~
m		m		~
n		n v	$\overline{}$	
0		0 1	$\overline{}$	
р	Reimbursement paid to related organization(s) for expenses	р		
q		q v	$\overline{}$	
-				
r	Other transfer of cash or property to related organization(s)	lr ۷		
s		s		~
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction		nold:	 S.
	(a) (b) (c) (d)			
	Name of related organization Transaction Amount involved Method of determining ar	nount ir	างอไงต	ed
	type (a-s)			
S	Skagit Valley College b 1,214,278 Check payments			
(1)				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Skagit Valley College o 338,412 Check payments			
(2)				
<del>(_,</del>	Skagit Valley College o 21,263 Deposits			
(3)				
<del>(0)</del>	Skagit Valley College q 710,505 Deposits			
(4) S	Skagit Valley College p 18,004 Check payments			
(5) S	Skagit Valley College r 32,639 Check payments		—	
(6)				

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

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

	(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant	(e) Are all partners section 501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Page 5 Schedule R (Form 990) 2021 **Supplemental Information** Provide additional information for responses to questions on Schedule R. See instructions.