**Return of Organization Exempt From Income Tax** 

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

2022

and ending JUN 30,

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

JUL 1,

Undations)  OMB No. 1545-0047  2022  Open to Public Inspection  2023  r identification number  186554  e number  1 6 0 640-1274  ts\$ 4,878,960.  I group return  ordinates?
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exemption number
000 00 - 10 - 10 - 10 - 10
.982 M State of legal domicile: WA
, SUCCESS AND
COLLEGE.
es net assets.
3 20
4 20
5 0
150
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В	Check if applicab	C Name of organization		D Employer identific	cation number				
_	— Addre								
	chang Name			91-11865	5.1				
F	chang	T T	Room/suite	E Telephone numbe					
F	return Final	20000 68TH AVE W	•	) 640-1274					
	—lreturn termin ated			G Gross receipts \$	4 000 000				
Г	Amen			H(a) Is this a group re					
F	return Applie tion			for subordinates					
	pendi	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	—				
ī	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	1	list. See instructions				
	Websi			H(c) Group exemptio					
		f organization: X Corporation Trust Association Other	L Year		M State of legal domicile: WA				
	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: TO SI	UPPORT	ACCESS, SU	CCESS AND				
Governance		EXCELLENCE FOR STUDENTS, FACULTY AND STAF	F AT E	EDMONDS COLL	EGE.				
22	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.				
8	3			3	20				
		Number of independent voting members of the governing body (Part VI, line 1b)		4	20				
ď	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0				
.₹	6	Total number of volunteers (estimate if necessary)			150				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.				
		2		Prior Year 1,431,360.	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	1,573,712.				
	9	Program service revenue (Part VIII, line 2g)		198,916.	176,183.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-68,729.	-78,586.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,561,547.	1,671,309.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,243,536.	937,689.				
	14	D 51 11 5 1 (D 1) (A) 11 (A)		0.	0.				
	14-	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		0.	0.				
Fynenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
9	b	Total fundraising expenses (Part IX, column (D), line 25) 146, 43	38.	_					
ĭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		392,657.	429,336.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,636,193.	1,367,025.				
	19	Revenue less expenses. Subtract line 18 from line 12		-74,646.	304,284.				
o	Ses		Ве	ginning of Current Year	End of Year				
Assets of	20	Total assets (Part X, line 16)		8,474,792.	9,326,636.				
t As	21	Total liabilities (Part X, line 26)		51,466.	145,091.				
Net		Net assets or fund balances. Subtract line 21 from line 20		8,423,326.	9,181,545.				
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules		•	/ knowledge and belief, it is				
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.					
٠.		Signature of officer		I Date					
Siç		TOM BULL, EXECUTIVE DIRECTOR		Date					
He	re	Type or print name and title							
		Print/Type preparer's name Preparer's signature	П	Date Check C	PTIN				
Pai	d			5/09/24 if self-employ					
	parer	Firm's name VINE DAHLEN PLLC	10		1-1056739				
	Only	Firm's address 3500 188TH STREET SW STE 322		, illii o Eliv					
	- ··· <b>,</b>	LYNNWOOD, WA 98037		Phone no. (4	25) 771-6055				
Ma	y the I	RS discuss this return with the preparer shown above? See instructions		11 110110 1101 ( =	X Yes No				
		3-22 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form <b>990</b> (2022)				

Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE EDMONDS COLLEGE FOUNDATION WAS ESTABLISHED TO SUPPORT THE GOALS AND ACTIVITIES OF EDMONDS COLLEGE BY PROVIDING FINANCIAL SUPPORT TO
	COLLEGE PROGRAMS, INSTRUCTIONAL DEPARTMENTS AND ACTIVITIES, AS WELL AS
	PROVIDING FINANCIAL SUPPORT TO UNDER SERVED AND DESERVING STUDENTS TO
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	SCHOLARSHIPS - SUPPORTED 150 UNDERSERVED AND DESERVING STUDENTS TO
	ENABLE THEM TO ACHIEVE THEIR EDUCATIONAL GOALS.
4b	(Code:) (Expenses \$ 783,279. including grants of \$ 676,993. (Revenue \$)
	COLLEGE PROGRAM SUPPORT - SUPPORT OF VARIOUS INSTRUCTIONAL PROGRAMS AT
	EDMONDS COLLEGE FOR INSTRUCTION, SCHOLARSHIPS AND ACTIVITIES.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,043,975.

**4e** Total program service expenses

Form 990 (2022) EDMONDS COLLEGE FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	77
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<sub>v</sub>
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
47	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,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		1
18		10	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-	complete Schedule G, Part III	20a		X
20a b	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Form 990 (2022) EDMONDS COLLEGE FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	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	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		х
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	, ,	29		-25
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization riquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	, ,	32		Х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		_	$\Omega\Omega\Omega$	/a a a -

Form 990 (2022) EDMONDS COLLEGE FOUNDATION

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

			Yes	No
<b>2</b> a	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 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	4.		х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Fig.CFN Form 114. Beneat of Foreign Book and Figure 194 Assemble (FRAR)			
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		- 21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders  11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)  Section 4047(AVI) non-executed hearitable truster. Is the execution filing Form 10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
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		
_	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) EDMONDS COLLEGE FOUNDATION 91-1186554 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
0	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		· ·	
4.	Enter the number of voting members of the governing body at the end of the tax year 20		Yes	No
та	, , , , , , , , , , , , , , , , , , , ,			
	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 0.  Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		Х
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		Х
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
<i>r</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		Х
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		Х
	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	Э		21
	(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	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
_	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	-		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (425) 640-1274			
	20000 68TH AVE W, LYNNWOOD, WA 98036			

## 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)  Name and title	(B) Average	(C) Position (do not check more than one						(D)  Reportable	(E) Reportable	<b>(F)</b> Estimated
Name and title	hours per week	box.	, unles	ss per	rson i	than o s both r/trus	an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TOM BULL	20.00									
EXECUTIVE DIRECTOR	20.00			Х				0.	110,645.	20,357.
(2) BOB TERWILLIGER	2.00									•
CHAIR		Х		X				0.	0.	0.
(3) BRIAN DONALDSON	2.00									•
VICE CHAIR	2 00	Х		Х				0.	0.	0.
(4) JENNIFER MYERS	2.00	7.7		37				0.	0.	•
(5) MARIA MONTALVO	2.00	Х		Х				0.	0.	0.
PAST CHAIR	2.00	Х		х				0.	0.	0.
(6) SHERRI ANDERSON	1.00	Λ		Λ				0.	0.	· ·
MEMBER	1.00	Х						0.	0.	0.
(7) STEVE CARTER	1.00	Λ						0.	0.	<u></u>
MEMBER	1.00	х						0.	0.	0.
(8) DOUG FAIR	1.00							•		
MEMBER		х						0.	0.	0.
(9) NICOLE GALIPEAU	1.00								•	
MEMBER		Х						0.	0.	0.
(10) JEFF GOODWIN	1.00									
MEMBER		Х						0.	0.	0.
(11) JEFF KING	1.00									
MEMBER		Х						0.	0.	0.
(12) LINDA KRESE	1.00									
MEMBER		Х						0.	0.	0.
(13) KRISTINA KULIK	1.00									
MEMBER		X						0.	0.	0.
(14) LIBBY LEWIS	1.00									
MEMBER		Х						0.	0.	0.
(15) ABRAHAM MATHEW	1.00									_
MEMBER		Х						0.	0.	0.
(16) MIKE MCMURRAY	1.00									_
MEMBER	1 00	Х			_			0.	0.	0.
(17) MIKE MEEKS	1.00									_
MEMBER		Х						0.	0.	0.

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(A)	(B)	Picy	ccs,			gnec		(D)	(E)			(F)	
Name and title	Average		<b>(C)</b> Positio			tion		Reportable	( <b>L)</b> Reportable		Ec	(F) stimate	ad
Name and title	hours per		(do not ch		t check more than one nless person is both an			compensation	compensation			nount	
	week		officer and a dir					from	from related		- Ci	other	01
	(list any	ctor						the	organizations		com	pensa	tion
	hours for	direc				pg .		organization	(W-2/1099-MIS			om th	
	related	tee or	ıstee			ensat		(W-2/1099-MISC/	1099-NEC)	)	org	anizat	ion
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)			an	d relat	ed
	below	vidua	itutio	Ser	em pl	nest o	ner				orga	anizati	ons
	line)	lndi	lust	Officer	Key	High B M	Former						
(18) KIRSTEN PAUST	1.00												
MEMBER		X						0.		0.			0.
(19) STEVE PENNINGTON	1.00												
MEMBER		Х						0.		0.			0.
(20) WHITNEY RIVERA	NEY RIVERA 1.00												
MEMBER		Х						0.		0.			0.
(21) MEL SHELDON	1.00												
MEMBER		Х						0.		0.			0.
(22) DALE TERWEDO	2.00												
TREASURER (UNTIL 6/2023)		х		х				0.		0.			0.
			$\vdash$			$\vdash$							
		-											
		-											
										4 =			
1b Subtotal								0.	110,6		20,357.		
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.	110,6	<u>45.</u>	2	0,3	<u>57.</u>
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	е			
compensation from the organization													0
												Yes	No
3 Did the organization list any former office	r, director, trust	ee, l	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? If "Yes	" co	mple	ete S	Sche	edule	. <i>. l f</i>	for such individual	_		4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," col	•				,			J			5		Х
Section B. Independent Contractors	ripiete ochedar	C U 1	OI SE	<i>icii</i> ,	<i>JC13</i>								
Complete this table for your five highest or	nmnensated inc	dene	nde	nt co	ntra	acto	rs th	nat received more than \$	100 000 of com	nensa	tion fro	nm .	
the organization. Report compensation for										perioa		5111	
(A)	trie caleridai y	caic	<del>Ji Iuli</del>	ig w	itire	JI WI		(B)	cai.		(0	٠,	
Name and busines	s address	N	ONE	7				Description of s	ervices	С		וי nsatio	n
		147	2111	_			$\dashv$						
							$\dashv$						
							$\dashv$						
							_						
2 Total number of independent contractors	including but n	ot lir	nited	d to	_	_	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	ization				(	J							

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			Check if Schedule O	conta	ains a re	esponse	or note to any lin	e in this Part VIII			
				, , , , ,		00001100	5	(A)	(B)	(C)	_ (D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
សស	1	а	Federated campaigns			1a					
an			Membership dues			1b					
2 8			Fundraising events			1c	280,819.				
ifts Ir A			Related organizations			1d	·				
a,s			Government grants (contr			1e	391,446.				
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts,								
her in			similar amounts not included	-		1f	901,447.				
草豆		g	Noncash contributions included in			1g \$	8,529.				
Sor		h	Total. Add lines 1a-1f					1,573,712.			
							Business Code				
o l	2	а									
Ş		b									
Program Service Revenue		С									
		d									
		е									
Pr		f	All other program service	rever	nue						
	3		Investment income (includ								
								165,267.			165,267.
	4		Income from investment of								
	5	;	Royalties								
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a	3,1	30,312.					
		b	Less: cost or other basis								
ē			and sales expenses	7b	3,1	19,396.					
len		С	Gain or (loss)	7с	:	10,916.					
her Revenue			Net gain or (loss)			<u></u>		10,916.			10,916.
ē	8		Gross income from fundraising								
₹			including \$	280,	819.	of					
			contributions reported on			- 1					
			Part IV, line 18			8a	6,750.				
		b					88,255.				
		С	Net income or (loss) from	fund	raising	event <u>s</u>		-81,505.			-81,505.
	9	а	Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing acti	vities					
	10	а	Gross sales of inventory, I	ess r	returns						
			and allowances			10a	9				
		b	Less: cost of goods sold			10k					
		С	Net income or (loss) from	sales	of inve	entory					
g							Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS					2,919.			2,919.
ane		b									
cell ev		С									
Mis			All other revenue								
_		е	Total. Add lines 11a-11d					2,919.			
	12	,	Total revenue See instruction	ne				1 671 309.	l 0.	0.	97 597.

### 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 (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 676,993. 676,993. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 260,696. 260,696. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management 2,677. 2,677. Legal 11,738. 11,738. Accounting Lobbying Professional fundraising services. See Part IV, line 17 53,099. 53,099. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 112,903. 28,256. 60,111. 24,536. column (A), amount, list line 11g expenses on Sch O.) 3,050. 40. 393. 2,617. Advertising and promotion 12 8,034. 642. 5,868. Office expenses 13 21,721. 20,390. 1,331. Information technology 14 15 Royalties 16 Occupancy 10,279. 85. 7,963. 2.231 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 4,706. 4,706. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 150,720. 19,747. 105,086. 25,887. COLLEGE REIMBURSEMENTS HOSPITALITY/CATERING 35,716. 30,268. 2,325. 3,123. c MISCELLANEOUS 14,693. 718. 6,654. 7,321. d All other expenses 1,367,025. 1,043,975. 176,612. 146,438. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,455,450.	2	1,760,626.
	3	Pledges and grants receivable, net			206,655.	3	197,407.
	4	Accounts receivable, net			934.	4	2,561.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			5,767.	9	3,662.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D			_		
	b	Less: accumulated depreciation			0.	10c	0.
	11	Investments - publicly traded securities	5,940,492.	11	6,415,974.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		0.65 4.04	14	246 426	
	15	Other assets. See Part IV, line 11		865,494.	15	946,406.	
	16	Total assets. Add lines 1 through 15 (must ed			8,474,792.	16	9,326,636.
	17	Accounts payable and accrued expenses		51,466.	17	93,470.	
	18	Grants payable		18	F1 601		
	19	Deferred revenue			19	51,621.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
ij		trustee, key employee, creator or founder, sub				00	
Liabilities		controlled entity or family member of any of th	-	: F		22	
	23 24	Secured mortgages and notes payable to unre-		· · · · · · · · · -		23 24	
	25	Unsecured notes and loans payable to unrelat Other liabilities (including federal income tax, p				24	
	23	parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			51,466.	26	145,091.
		Organizations that follow FASB ASC 958, ch	neck her	e X			
es		and complete lines 27, 28, 32, and 33.					
anc	27				1,896,963.	27	1,973,839.
Bala	28			6,526,363.	28	7,207,706.	
둳		Organizations that do not follow FASB ASC					
Ξ		and complete lines 29 through 33.	,	_			
ō	29	Capital stock or trust principal, or current fund	s			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				8,423,326.	32	9,181,545.
	33	Total liabilities and net assets/fund balances			8,474,792.	33	9,326,636.
							202

Form	990 (2022) EDMONDS COLLEGE FOUNDATION	91	-1186554	Pa	<sub>ge</sub> 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,671	1,3	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,367	7,0	25.
3	Revenue less expenses. Subtract line 2 from line 1	3			84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,423	3,3	26.
5	Net unrealized gains (losses) on investments	5	373	3,0	23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	80	),9	12.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,181	L,5	45.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		015		

Form **990** (2022)

### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EDMONDS COLLEGE FOUNDATION

**Employer identification number** 

91-1186554 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	863,879.	3346799.	1020171.	1431360.	1573712.	8235921.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	184,095.	226,497.	253,378.	239,654.	143,945.	1047569.	
4	Total. Add lines 1 through 3	1047974.	3573296.	1273549.	1671014.	1717657.	9283490.	
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)						2293719.	
6	Public support. Subtract line 5 from line 4.						6989771.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	1047974.	3573296.	1273549.	1671014.	1717657.	9283490.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	173,811.	154,721.	163,828.	150,970.	165,267.	808,597.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)		77.			2,919.	2,996.	
11	<b>Total support.</b> Add lines 7 through 10						10095083.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	398,424.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop	here						
Sec	tion C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2022 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	69.24 %	
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	69.83 <u>%</u>	
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box		
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies							
b	33 1/3% support test - 2021. If the o							
	and <b>stop here.</b> The organization qual	ifies as a publicly s	upported organiza	ition				
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,	
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part '	VI how the organiz	ation	
	meets the facts-and-circumstances te	•						
b	10% -facts-and-circumstances test	_					10% or	
	more, and if the organization meets the				· ·			
	organization meets the facts-and-circu				•			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T				,
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2022 (I			.,,		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
				10 l (f)		47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	7 is not
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						L
k	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	DOX on line 14, 198	a, or 190, check th	iis box and see ins	structions	

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
0		
2		
0-		
3a		
3b		
_		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
.50		
10b		
IUU		

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

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

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Dar	t V Type III Non-Functionally Integrated 500/	(a)(3) Supporting Orga	nizations /	/\	- Ligaria		
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
	ion D - Distributions		4	Current Year			
	Amounts paid to supported organizations to accomplish exer		1				
2	Amounts paid to perform activity that directly furthers exemp		2				
	organizations, in excess of income from activity		3				
_ <u>3_</u> 4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es or supported organizations		4			
_ <del></del> _	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Dart VI)		5			
<del></del> 6	Other distributions (describe in Part VI). See instructions.	OVIGE GERAIS III FAIT VI)		6			
7	Total annual distributions. Add lines 1 through 6.			7			
<del></del>	Distributions to attentive supported organizations to which the	ne organization is responsive					
Ü	(provide details in <b>Part VI</b> ). See instructions.	ic organization is responsive		8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
	Elife o amount arrada by line o amount	(i)	(ii)		(iii)		
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s	Distributable Amount for 2022		
_1_	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
_3_	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
с	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
i_	Carryover from 2017 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
_8_	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
d	Excess from 2021						

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e Excess from 2022

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

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

EDMONDS COLLEGE FOUNDATION

**Employer identification number** 91-1186554

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
			I I
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nariding of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and onforcing consorva	tion assamants during the year
′	Amount of expenses incurred in monitoring, inspecting, name	iling of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(R)(i)
Ū			
9	In Part XIII, describe how the organization reports conservation		
_	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	8, 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 furtl	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
h	Assats included in Form 000 Part V		¢

Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	asures, or Oth	er Sim	ilar Asse	ts (conti	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's ex	empt pu	ırpose in Paı	t XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes" o	n Form	990, Part IV	, line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	or other assets no	t includ	ed			
	on Form 990, Part X?					[	Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
С	Beginning balance				Г	1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo				oility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been j	orovided on Part XI	 II				
Par									
	·	(a) Current year	(b) Prior year	(c) Two years back		ree years bacl	(e) Fou	r years	back
1a	Beginning of year balance	4,674,497.	6,333,753.	5,190,153		5,480,761	. 5	,131,	676.
b	Contributions	27,750.	178,940.	213,487		96,686		153,	568.
С	Net investment earnings, gains, and losses	360,864.	-693,367.	1,056,668		103,543		266,	711.
d	Grants or scholarships	151,084.	1,144,829.	126,555		248,525		71,	194.
	Other expenditures for facilities	·		•		·			
_	and programs					242,312	.		
f	Administrative expenses					·			
g	End of year balance	4,912,027.	4,674,497.	6,333,753		5,190,153	. 5	,480,	761.
2	Provide the estimated percentage of the curre		e (line 1g. column (a)	) held as:					
а	Board designated or quasi-endowment	59.8800	%	,					
b	Permanent endowment 30.9800	%							
	0 1 100								
_	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	ition that are held an	d administered for	the				
-	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		х
	(ii) Related organizations								х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								·
	t VI Land, Buildings, and Equipme		William Tarido.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part 2	K, line 10	0.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumi leprecia	ulated	( <b>d</b> ) Boo	k valu	е
12	Land	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	,	,	,				
b		I							
C	Buildings								
d			1	8,568.	1.8	,568.			0.
	Equipment Other	I		-,555		, , , , , ,			<u> </u>
	. Add lines 1a through 1e. (Column (d) must ed		V column (B) line 1	<u> </u>					0.
. J.a	. , .a.a iii loo Ta ti ii ougit To. (Coluffifi (a) fflust et	uai ruiii 990. Pält .	n. colultil (D). IIIIE 10	/し./					

Part VII	Investments -	Other S	ecurities.

(a) Deceri		on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financi	al derivatives			
2) Closely	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(G) (H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	` '
Part IX	Other Assets.  Complete if the organization answered "Yes"  (a)		11d. See Form 990, Part X, line 15.	` '
Part IX  (1) SI	Other Assets.  Complete if the organization answered "Yes"  (a)		11d. See Form 990, Part X, line 15.	<u> </u>
(1) SI (2)	Other Assets.  Complete if the organization answered "Yes"  (a)		11d. See Form 990, Part X, line 15.	` '
(1) SI (2) (3)	Other Assets.  Complete if the organization answered "Yes"  (a)		11d. See Form 990, Part X, line 15.	` '
(1) SI (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"  (a)		11d. See Form 990, Part X, line 15.	<u> </u>
(1) SI (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"  (a)		11d. See Form 990, Part X, line 15.	` '
(1) SI (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes"  (a)		11d. See Form 990, Part X, line 15.	` '
(1) SI (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS	Description		946,406
(1) SI (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS  Jumn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.	Description		946,406
(1) SI (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation)	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS  Imm (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"	Description		946,406
(1) SI (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation) Part X	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS  Jumn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		946,406
(1) SI (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Colo Part X	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS  Imm (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"	Description		946,406
(1) SI (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Color Part X	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS  Jumn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		946,406
(1) SI (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Cold Part X	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS  Jumn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		946,406
(1) SI (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Column Col	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS  Jumn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		946,406
(1) SI (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Column Col	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS  Jumn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		946,406
(1) SI (2) (3) (4) (5) (6) (7) (8) (9)  Cotal. (Colo Part X  1. (1) Fec (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS  Jumn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		946,406
(1) SI (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colo Part X  1. (1) Fec (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS  Jumn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		946,406
(1) SI (2) (3) (4) (5) (6) (7) (8) (9)  Cotal. (Colo Part X  1. (1) Fec (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"  (a)  PLIT INTEREST AGREEMENTS  Jumn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		946,406

	dule D (Form 990) 2022 EDMONDS COLLEGE FOUNDATION				L186554 Page 4
Par	•		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a			204 245
1				1	2,304,345.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا	373 023		
	Net unrealized gains (losses) on investments		373,023. 143,945.	-	
	Donated services and use of facilities		143,943.	1	
	Recoveries of prior year grants  Other (Describe in Part XIII.)		27,813.		
	Add lines 2a through 2d			2e	544,781.
	Subtract line <b>2e</b> from line <b>1</b>			3	1,759,564.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				•
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		-88,255.		
	Add lines 4a and 4b			4c	-88,255.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)			5	1,671,309.
Par	t XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per F	Returr	<b>1.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a			
1	Total expenses and losses per audited financial statements			1	1,546,126.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	142 045		
	Donated services and use of facilities		143,945.		
	Prior year adjustments				
	Other losses		00 055	-	
	Other (Describe in Part XIII.)		88,255.		222 222
	Add lines 2a through 2d			2e	232,200.
	Subtract line 2e from line 1			3	1,313,926.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	E2 000		
	Investment expenses not included on Form 990, Part VIII, line 7b		53,099.	-	
	Other (Describe in Part XIII.)				E2 000
	Add lines 4a and 4b			4c	53,099. 1,367,025.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII   Supplemental Information.			5	1,307,023.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV lines 1h	and the Dort V. line 4	· Dort V	/ line 2: Dort VI
	de the descriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a and 4, Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	•		, rail A	, IIIle 2, Part AI,
111103	20 and 4b, and 1 at An, inles 20 and 4b. Also complete this part to provide any ad-	ditional inform	nation.		
PAR	RT V, LINE 4:				
PRC	OVIDE SCHOLARSHIPS AND PROGRAM SUPPORT AT	EDMONDS	COLLEGE.		
	_				
PAR	RT X, LINE 2:				
THE	FOUNDATION'S TAX FILINGS ARE SUBJECT TO	EXAMINA	ATION BY TA	XINC	<del>}</del>
3 770	WORLDER COMBRILLY DOR WURED VELDS REMER	D.			m
AUT	HORITIES, GENERALLY FOR THREE YEARS AFTER	THE RI	STURN IS FI	LED.	THE
EOI:	MIDAMION WOLLD DECOCNIZE ACCRIED INMEDICA	אינות רווא	TATES ASS	OG T 7	AMED WITHII
r UU	UNDATION WOULD RECOGNIZE ACCRUED INTEREST	AND PEI	NALTIES ASS	OCIA	ALED MILH
TTNT	CERTAIN TAX PROVISIONS, IF ANY, AS PART OF	ADMINI	רפיים אייד ∩ אז בי	YD E'N	ICEC TM
OIAC	CENTALN TAA FROVIDIONS, IF ANI, AS PART OF	רוודווות א	PATE TOTAL	VLUI	MIT CHOI
чнт	STATEMENTS OF FUNCTIONAL EXPENSES.				

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number EDMONDS COLLEGE FOUNDATION 91-1186554 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

EDMONDS COLLEGE FOUNDATION 91-1186554 Page 2 Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		or furfulaising event continuations and gr	033 111001110 0111 01111 030	LZ, III lOS T alla OD. LIST	venta with gross receip	to greater triair \$0,000.					
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through					
			GALA	(	(4 - 4 - 1 1 )	col. <b>(c)</b> )					
ē			(event type)	(event type)	(total number)						
Revenue	1	Gross receipts	287,569.			287,569.					
	2	Less: Contributions	280,819.			280,819.					
	3	Gross income (line 1 minus line 2)	6,750.			6,750.					
	4	Cash prizes									
	5	Noncash prizes									
benses	6	Rent/facility costs	49,278.			49,278.					
Direct Expenses	7	Food and beverages	1,421.			1,421.					
Ω	8	Entertainment	5.105.			5,105.					
	9	Other direct expenses				32,451.					
	10	88,255.									
	11	Net income summary. Subtract line 10 from I				-81,505.					
Pa	ırt l	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than						
		\$15,000 on Form 990-EZ, line 6a.	T	T	<b>-</b>	T					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
žeč											
_	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. Add lines 2 through	h 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)								
	ls t	ter the state(s) in which the organization condutthe organization licensed to conduct gaming a	ctivities in each of these			Yes No					
10	" 11 " 	No," explain:									
	a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?										
b	b If "Yes," explain:										
	_										

Sch	edule G (Form 990) 2022 EDMONDS COLLEGE FOUNDATION 91	-1186554	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	a The organization's facility	13a	<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	;	
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990)	EDMONDS CO	LLEGE	FOUNDATION	91-1186554	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

EDMONDS (	COLLEGE FO	UNDATION					91-1186554
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or ass	istance?						No
2 Describe in Part IV the organization's p	ocedures for monit	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	1	1	1		(f) Method of	Γ	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EDMONDS COLLEGE							SUPPORT FOR COLLEGE
20000 68TH AVE W							FACULTY, STAFF AND
LYNNWOOD, WA 98036	91-0825212		676,993.	0.			PROGRAMS
,			1				
			1				
2 Enter total number of section 501(c)(3)							
3 Enter total number of other organization	ns listed in the line 1	I table					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance						
SCHOLARSHIPS	150	260,696.	0.								
Part IV Supplemental Information. Provide the information red	น puired in Part I, lin	e 2; Part III, column	(b); and any other ac	I dditional information.							
PART I, LINE 2:											
GRANTS - PROVIDES SUPPORT TO INSTR	UCTIONAL	AREAS ON C	CAMPUS AND	PROVIDES							
FINANCIAL SUPPORT TO THE COLLEGE,	ITS ANCIL	LARY PROGE	RAMS, INSTR	UCTIONAL							
DEPARTMENTS, ACTIVITIES AND PROJEC	TS ENDORS	ED BY THE	СОГЛЕСЕ, Т	HESE INCLUDE							
·											
AWARDS TO OUTSTANDING FACULTY AND	STAFF. TH	E FOUNDATI	ON BOARD A	ND ITS							
GRANTS COMMITTEE ANNUALLY REVIEW T	HE APPLIC	ATIONS FOR	R FUNDING.								
SCHOLARSHIPS - PROVIDE FINANCIAL S	UPPORT TO	UNDERSERV	ED AND DES	ERVING							
STUDENTS TO ENABLE THEM TO FURTHER	THEIR ED	UCATIONAL	GOALS. THE								

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EDMONDS COLLEGE FOUNDATION

**Employer identification number** 91-1186554

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FURTHER THEIR EDUCATIONAL GOALS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE BOARD PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUALLY, THE FOUNDATION PROVIDES THE BOARD OF DIRECTORS AND STAFF WITH A
CONFLICT OF INTEREST POLICY AND DISCLOSURE ALONG WITH A LIST OF ALL PERSONS
AND ENTITIES WITH WHICH THEY HAVE DONE BUSINESS OVER THE PAST 12 MONTHS.
THE BOARD OR STAFF MEMBER IS ASKED TO DISCLOSE IF THEY HAVE A RELATIONSHIP
WITH ANY PERSONS OR ENTITIES ON THE LIST THAT MAY BE PERCEIVED AS A
CONFLICT OF INTEREST. ONCE ALL THE DISCLOSURES HAVE BEEN RETURNED, THE
AUDIT & POLICY COMMITTEE CHAIR REVIEWS THE STATEMENTS, AND IN CONSULTATION
WITH THE EXECUTIVE DIRECTOR, DETERMINES IF CONFLICTS EXIST AND HOW THEY
WILL BE ADDRESSED. EACH INDIVIDUAL WHO HAS DISCLOSED A PERCEIVED CONFLICT
RECEIVES A MEMO TELLING THEM IF THEIR DISCLOSURE IS OR IS NOT A CONFLICT
AND HOW THE FOUNDATION WILL ADDRESS IT.
FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 80,912.

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

EDMONDS COLLEG	GE FOUNDATION				:	91-11865	<u> 54</u>	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-yea		Direct o	<b>(f)</b> controlling ntity	9
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizati	on answered "Yes" on Form 990	), Part IV, line 34, t	pecause it had one	or more i	related tax-exel	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	contr	g) 512(b)(13) rolled tity?
EDMONDS COLLEGE - 91-0825212				(-)(-))			Yes	NO
20000 68TH AVE. W.								
LYNNWOOD, WA 98036	COLLEGE	WASHINGTON			N/A			Х

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i <b>)</b>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	ity?
		country)		,				Yes	No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) EDMONDS COLLEGE	В	676,993.	CASH PAID
(2) EDMONDS COLLEGE	N	2,304.	COST
(3) EDMONDS COLLEGE	0	141,641.	COST
(4) EDMONDS COLLEGE	P	150,720.	CASH PAID
<u>(5)</u>			
<u>(6)</u>			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box of Schedule K-	General managin partner	(k) Percentage ownership
	-									

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print EDMONDS COLLEGE FOUNDATION 91-1186554 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 20000 68TH AVE W return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. LYNNWOOD, WA 98036 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 20000 68TH AVE W - LYNNWOOD, WA 98036 Telephone No.  $\blacktriangleright$  (425) 640-1274 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 \_\_\_\_, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$  JUN  $\hspace{0.5cm}$  30 ,  $\hspace{0.5cm}$  2023 ► X tax year beginning JUL 1, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)