orm **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

2018
Openito Public Inspection

A F	or th	e 2018 calendar year, or tax year beginning JUL 1, 2018 and endi		UN 30, 2019					
_	heck if	C Name of organization	<u>g</u>	D Employer identific	eation number				
a	pplicab	e Name of organization		D Employer Identific	,audi nambei				
	⊣ Addre	washtenaw community college foundation							
H	_ chang □Name	20.2	575395						
H	_ chang □Initial								
느	_ return	,	m/suite	E Telephone number					
L	Final return termir		304	/34-	973-3665				
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,569,277.				
Ļ	Ann Arbor, MI 48105 H(a) Is this a group return								
L_	Application	F Name and address of principal officer FITTED IF SATURE		for subordinates	? ☐ Yes 🗓 No				
pending SAME AS C ABOVE H(b) Are all subordinates included?									
		empt status: X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or) \$27	If "No," attach a	list (see instructions)				
		te: ► WWW.WCCNET.EDU/FOUNDATION		H(c) Group exemption	<u> </u>				
			L Year o	of formation: 1985 N	State of legal domicile: MI				
[Pa	ırţij	Summary							
4	1	Briefly describe the organization's mission or most significant activities INSPIRE	E WA	SHTENAW COM	MUNITY				
Governance		COLLEGE STUDENTS WITH SCHOLARSHIPS AND OTHER	R PH	ILANTHROPIC	SUPPORT.				
rna	2	Check this box (if the organization discontinued its operations or disposed of	of more	than 25% of its net ass	ets				
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		3	21				
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	20				
C Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0				
iţie	6	Total number of volunteers (estimate if necessary)		6	30				
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
ď		Net unrelated business taxable income from Form 990-T, line 38		7b	0.				
				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		825,035.	1,503,313.				
ine *	l	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		351,211.	417,488.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	1,909.	-99,364.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,178,155.	1,821,437.				
				1,027,696.	1,099,610.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		88,524.	230,540.				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		00,324.	0.				
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.					
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 28,290.	<u>-</u> ,	122 000	142 200				
	17	Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e) Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25; VED	⊣ —	122,990.	143,389.				
		I 1	ା —	1,239,210.	1,473,539.				
	19_	· · · · · · · · · · · · · · · · · · ·	<u> </u>	-61,055.	347,898.				
Net Assets or Fund Balances		Total assate (Part X, line 16)	(7)1	ginning of Current Year	End of Year				
set	20	Total assets (Part X, line 16)	<u> </u>	24,277,140.	26,056,261.				
at As	21	Total liabilities (Part X, line 26) Not assets or fund halances. Subtract line 21 from line 20. OGDEN, UT	- }	358,655.	136,851.				
لتج	22	iver assers of fully paralles. Subtract line 21 from line 2000 magnificant		23,918,485.	25,919,410.				
		Signature Block							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s			knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pi	oreparer	has any knowledge.	1/				
		1075		12/7	719				
Sigr	1	Signature of officer		Date '					
Her	е	PHILLIP SNYDER, AVP COLLEGE ADVANCEMENT							
		Type or print name and title							
	_	Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		DANIELLE M. MCGEE, CPA DANIELLE M. MCGEE,	, C <u>1</u>	1/26/19 self-employ					
Prep	arer	Firm's name REHMANN ROBSON LLC		Fırm's EIN ▶	38-3635706				
Use	Only	Firm's address 675 ROBINSON RD							
_		JACKSON, MI 49203		Phone no. 51	7-787-6503				
Mav	the li	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
	1 12-3	· · · · · · · · · · · · · · · · · · ·			Form 990 (2018)				

Form	990 (2018) WASHTENAW COMMUNITY COLLEGE FOUNDATION 38-2575395 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Rirefly describe the organization's mission
	TO GIVE HOPE AND SUPPORT TO WASHTENAW COMMUNITY COLLEGE STUDENTS
	THROUGH SCHOLARSHIPS AND OTHER PHILANTHROPIC SUPPORT, CREATING A
	BETTER EDUCATED WORKFORCE AND A STRONGER COMMUNITY.
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?
-	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 \$ 1,344,118. including grants of \$ 1,099,610.) (Revenue \$)
70	THE FOUNDATION IS ORGANIZED TO PROVIDE GIFTS AND GRANTS TO WASHTENAW
	COMMUNITY COLLEGE AND TO ITS STUDENTS, FACULTY AND STAFF IN FURTHERANCE
	OF THE EDUCATIONAL PURPOSES OF WASHTENAW COMMUNITY COLLEGE.
	OF THE EDUCATIONAL TORIODED OF WADIITENAW COMMONITY COLLEGE.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,344,118.
	Form 990 (2018)

Form	990	(2018)	

WASHTENAW COMMUNITY COLLEGE FOUNDATION

ABOSTSLOR 18-2575395 Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	`Iş the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 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		<u> </u>
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>X</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		<u>X</u>
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?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	Taribilian (
1	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			22.00m
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	المدا		х
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		"	
_	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		y
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	L	<u> </u>

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Form **990** (2018)

WASHTENAW COMMUNITY COLLEGE FOUNDATION 38-2575395 <u> Page</u> **4** 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 X Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 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 24a X Schedule K. If "No." go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." X 26 complete Schedule L. Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1 a	Enter the	number	reported i	ın Box 3	of Form	1096	Enter -0-	of not	applicable	e
-----	-----------	--------	------------	----------	---------	------	-----------	--------	------------	---

b	Enter the	number of	of Forms	W-2G	ıncluded	ın lıne	1a	Enter	-0- if not	applicabl	E
---	-----------	-----------	----------	------	----------	---------	----	-------	------------	-----------	---

0	Did the organization comply with backup withholding rules for	or reporta	able pay	ments	to ve	endors	and re	eportable gar	nıng
	(gambling) winnings to prize winners?								

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

15			
0			
gamıng			
	1c	Х	

X

Yes No

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Pai	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
	·		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0		,				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		. '				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a_		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country.						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a	X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b	Х				
7	Organizations that may receive deductible contributions under section 170(c).			• •			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> X</u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h							
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					
þ	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	,					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		`				
11	Section 501(c)(12) organizations. Enter.		1				
	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	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	'	. I				
D	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans [Table the amount of receive an head						
	Enter the amount of reserves on hand	44-	\vdots	Х			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		^			
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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			v			
	excess parachute payment(s) during the year?	15		<u> </u>			
	If "Yes," see instructions and file Form 4720, Schedule N	46		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	+				
	If "Yes," complete Form 4720, Schedule O						

WASHTENAW COMMUNITY COLLEGE FOUNDATION 38-2575395 Form 990 (2018) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 20 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MI 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) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request → Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

48105

State the name, address, and telephone number of the person who possesses the organization's books and records

ANN ARBOR

CINDY HOUTS - 734-973-3664 4800 E. HURON RIVER DRIVE,

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

(A)	(B)							(D)	(E)	(F)	
Name and Title	Average	///		Pos		than o		Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of	
	week	officer and a director/trustee)					tee)	from	from related	other	
	(list any	lecto						the	organizations	compensation	
	hours for related	Individual trustee or director	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	ruster	Institutional trustee		a ke	шреп		(44-27 1033-141130)		and related	
	below	dalt	utrona		Key employee	stco	la la			organizations	
	line)	P P	Instit	Officer	Keye	Highest compensated employee	F ormer			-	
(1) JAMIE BUHR	1.00										
CHAIR-EMERITUS		X		X				0.	0.	0 .	
(2) KRISTIN GOOD	1.00										
BOARD MEMBER	40.00	X						0.	164,328.	38,639.	
(3) AMY CELL	1.00										
BOARD MEMBER		X						0.	0.	0	
(4) SCOTT MILLER	1.00	1									
BOARD MEMBER		X						0.	0.	0	
(5) STEFANI CARTER	1.00	ļ							_	_	
BOARD MEMBER		Х						0.	0.	0	
(6) TODD CLARK	1.00	ł			ŀ						
BOARD MEMBER		Х			_			0.	0.	0	
(7) ROBERT BOONIN	1.00									•	
BOARD MEMBER	1 00	X				_		0.	0.	0.	
(8) NICOLE TORBERT	1.00								•	•	
SECRETARY	1 00	X			<u> </u>	<u></u>		0.	0.	0.	
(9) BILL MILLIKEN	1.00	.,		٠,						0	
LIAISON	1 00	X		X	 			0.	0.	0.	
(10) JEFFREY PATTON	1.00								•	0	
BOARD MEMBER	3 00	X						0.	0.	0	
(11) SEAN DUVAL CHAIR	3.00	x		v				0.	0.	0.	
(12) KATHERINE FARRELL	2.00	^		X				0.	0.	0 .	
CHAIR ELECT	2.00	x		х				0.	0.	0	
(13) DOUGLAS WEBER	2.00	^		^				0.	0.	<u>_</u>	
TREASURER	2.00	x		х				0.	0.	0 .	
(14) PHILLIP SNYDER	40.00	^	-	^				0.	0.	0	
AVP, COLLEGE ADVANCEMENT	40.00	x		х				0.	133,235.	22,057	
(15) STEVEN GAY	1.00	^		Λ				0.	133,233.	22,037	
BOARD MEMBER	1.00	x			ĺ			0.	0.	0.	
(16) ALEX MILSHTEYN	1.00	-	-			H	-		<u> </u>		
BOARD MEMBER	1.00	x						0.	0.	0	
(17) JAMES PEGGS	1.00		\vdash		\vdash	\vdash					
BOARD MEMBER	1.00	x			ļ			0.	0.	0.	
332007 12-31-18				Щ.	Ь	Щ.				Form 990 (201	

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)	
` (A)	(B)		,	((C)	<u></u>		(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
, wante and the	hours per					than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor			-			the	organizations	compensation
	hours for	r dire				ם		organization	(W-2/1099-MISC)	from the
	related	stee o	ruster			eusa		(W-2/1099-MISC)		organization
	organizations below	al tru	onal t		otoyee	Ee ee				and related
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) LAURIE RIEGLE	1.00	<u> </u>	=	0		Ŧ s	۳			
BOARD MEMBER		х						0.	0	. 0.
(19) CAROLE WOODS	1.00			_						
BOARD MEMBER		х						0.	0	. 0.
(20) HOLLY HEAVILAND	1.00									
BOARD MEMBER		х						0.	, 0	. 0.
(21) GARY SASAKI	1.00									
BOARD MEMBER		х						0.	0	. 0.
(22) ANNA ZINKEL	1.00									
BOARD MEMBER		x						0.	0	. 0.
(23) BHUSHAN KULKARNI	1.00									
BOARD MEMBER		x						0.	0	. 0.
(24) DR. ROSE BELLANCA	10.00									
WCC PRESIDENT	40.00			X				0.	299,410	53,670.
(25) CRISTY LINDEMANN	0.00									
FORMER BOARD MEMBER	40.00						X	0.	146,134	<u>. 48,507.</u>
1b Sub-total							ightharpoons	0.	743,107	
c Total from continuation sheets to Part VII	, Section A						ightharpoons	0.	0	·
d Total (add lines 1b and 1c)							<u> </u>	0.	743,107	<u>. 162,873.</u>
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										0
								`		Yes No
3 Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or l	highest compensated en	nployee on	
line 1a? If "Yes," complete Schedule J for su										3 X
4 For any individual listed on line 1a, is the su									ne organization	
and related organizations greater than \$150			-							4 X
5 Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	lual for services	
rendered to the organization? If "Yes." com	olete Schedule	J fo	or su	ch r	oers	on		·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 X
Section B. Independent Contractors										
Complete this table for your five highest cor										sation from
the organization Report compensation for t	ne calendar ye	ear e	nain	g w	ith c	or wi	tnin		ear T	(0)
(A) Name and business	address	NIC	ONE	,			-	(B) Description of s	ervices	(C) Compensation
Traine and business		14()INI				\dashv			
							\dashv	 		
				_			_			
	·-··						_			
2 Total number of independent contractors (in	ocluding but a	at lin	nitec	l to 1	thos	ا م	ted	ahove) who received mo	ore than	
- rotal number of independent contractors (ii	ioiaanig but 11(JU 111				, , , , , , , , , , , , , , , , , , , 	·ou	MOUVE WITH TECEIVED III	// Culati	

\$100,000 of compensation from the organization

WASHTENAW COMMUNITY COLLEGE FOUNDATION 38-2575395 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b b Membership dues 155,583. 1¢ c Fundraising events d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and ,347,730 similar amounts not included above 11,646. Q Noncash contributions included in lines 1a-1f \$ 503,313 h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 417,456. 417,456. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 581,188. assets other than inventory b Less cost or other basis 581,156 and sales expenses c Gain or (loss) 32. 32. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 155,583. of including \$ contributions reported on line 1c) See Part IV, line 18 61,320 ь166,684 **b** Less direct expenses -105,364 105,364. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 **b** Less direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISC REVENUE 6,000. 6,000 611110 b d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

20391126 759633 405292.00000

6,000.

1,821,437.

318,092

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 expenses Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,099,610. 1,099,610. 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) 145,240. 145,240. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 85,300. 85,300. Other employee benefits Payroll taxes 10 Fees for services (non-employees) 66,748. 66,748. a Management **b** Legal 9,690. 9,690. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, 180. 180. column (A) amount, list line 11g expenses on Sch O.) 28,290. 28,290. Advertising and promotion 12 1,278. 1,278. 13 Office expenses 22,091. 22,091. 14 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,144. 1,144. 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,300. 5,300. SERVICE/MERCHANT FEES 4,813. 4,813. CONTRACTED SERVICES 3,855. 3,855. BAD DEBTS C d e All other expenses 1,344,118. 1,473,539. 101,131. 28,290. 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)

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		376,545.	1	165,084.
	2	Savings and temporary cash investments	i	-	2	
	3	Pledges and grants receivable, net		174,443.	3	242,246.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,		Ì	
		trustees, key employees, and highest compensa	· ·			
		Part II of Schedule L	. , .		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
s,		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net		6,660.	7	10,587.
¥	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment, cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		23,202,939.	11	25,107,051. 101,923.
	12	Investments - other securities See Part IV, line 1	108,113.	12	101,923.	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	408,440.	15	429,370.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	24,277,140.	16	26,056,261.
	17	Accounts payable and accrued expenses		227,419.	17	7,138.
	18	Grants payable		18		
	19	Deferred revenue			19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete			21	· · ·
Sa	22	Loans and other payables to current and former		•		
ij		key employees, highest compensated employee	s, and disqualified persons			
Liabilities		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	•		24	
	25	Other liabilities (including federal income tax, pa				1
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of	131,236.	25	129,713.
		Schedule D		358,655.	25 26	136,851.
	26	Total liabilities. Add lines 17 through 25	Nahadahara N V and	330,033.	26	130,031.
		Organizations that follow SFAS 117 (ASC 958		*		1
Ses		complete lines 27 through 29, and lines 33 and	la 34.	2,273,872.	27	2,151,857.
aŭ	27	Unrestricted net assets		8,844,834.	28	10,058,712.
Ba	28	Temporarily restricted net assets	12,799,779.	29	13,708,841.	
פַ	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A	SC 058) chack boro	<u> </u>	23	
Net Assets or Fund Balances		-	So sooj, check here			
SO	30	and complete lines 30 through 34.			30	
set	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed	nument fund		31	
As	32	Retained earnings, endowment, accumulated in			32	
Net	33	Total net assets or fund balances	come, or other fallas	23,918,485.	33	25,919,410.
·	34	Total liabilities and net assets/fund balances		24,277,140.	34	26,056,261.
_	<u> </u>	Total habilities and het assets/fullu balances			, , , , , , , , , , , , , , , , , , ,	

Form **990** (2018)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X

Х

2c

За

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

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

Employer identification number

		WASH	TENAW COMM	UNITY COLLEGI	E FOU	NDATIO	ON	3	8-2575395			
Pa	art I	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part) Se	e instructions					
Πhe	organ	zation is not a private found										
1 2 3 4		A church, convention of chi A school described in secti A hospital or a cooperative A medical research organizative, and state.	urches, or associatio i on 170(b)(1)(A)(ii). hospital service orga	on of churches described Attach Schedule E (Forn anization described in so	I in section 990 or 99 ection 170	o n 170(b)(1 90-EZ)) 9 (b)(1)(A)(ii	i).	(iii). Enter	the hospital's name,			
5	X	An organization operated for	or the benefit of a co	llege or university owner	l or operat	od by a go	vernmental u	ut describe	ad in			
3	22	section 170(b)(1)(A)(iv). (C		liege of university owner	i di opeiai	ed by a go	verimental ur	iii describe	5 u III			
_				andal cost dancerbad in	4: 4"	70/L\/4\/A\	4.4					
7	H	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
•		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)										
8 9	H					.d.n	mation with a	land arant	aallaaa			
9	ш	An agricultural research orgor university or a non-land-g				-		-	-			
			rant conege or agric	ulture (see mstructions)	Enter the	name, city	, and state of	trie college	; OI			
10		An organization that normal	lly receives (1) more	than 22 1/2% of its supp	oort from o	ontributio	ne momborsh	un foos, an	d gross receipts from			
••	.—	activities related to its exem										
		income and unrelated busin	•	•				• •	-			
		See section 509(a)(2). (Cor		(1033 300tion of Frax) inc	iii basiiies	sses acqui	rea by the org	amzadon e	inter durie do, 1070.			
11	\Box	An organization organized a	,	vely to test for public sa	fety See	section 50)9(a)(4)					
12	一	An organization organized a	·	•	•			rv out the	purposes of one or			
		more publicly supported org	·	•	•			•	• •			
		lines 12a through 12d that of	_									
а		Type I. A supporting orga						-	giving			
	<u> </u>	the supported organization	-	•	•	-	•		• •			
		organization You must c		- • • •	-,- ,				3			
b		Type II. A supporting orga			ion with its	s supporte	d organization	n(s), by hav	ving .			
		control or management of	•				_		-			
		organization(s) You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supportin	g organization operated	ın connect	ion with, a	and functional	y integrate	ed with,			
		its supported organization	n(s) (see instructions	You must complete I	Part IV, Se	ctions A,	D, and E.					
d	ı 🗀	Type III non-functionally	integrated. A supp	orting organization oper	ated in coi	nnection w	th its suppor	ted organiz	zation(s)			
		that is not functionally into	egrated The organiz	ation generally must sat	isfy a distr	bution red	urement and	an attentiv	/eness			
		requirement (see instructi	ons) You must cor	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	inization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	l, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation						
		r the number of supported o	•									
9		ride the following information) Name of supported	about the supporte	d organization(s).	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization	(1) 2114	(described on lines 1-10	(iv) Is the orga in your governi Yes		support (see in	-	support (see instructions)			
				above (see instructions))	res	No	''' '		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
									<u> </u>			

38-2575395 Page 2 Schedule A (Form 990 or 990-EZ) 2018 WASHTENAW COMMUNITY COLLEGE FOUNDATION Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support				·					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants.")	910,292.	843,984.	637,164.	825,035.	1086824.	4303299.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	910,292.	843,984.	637,164.	825,035.	1086824.	4303299.			
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)				•		182,235.			
6	Public support. Subtract line 5 from line 4						4121064.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	910,292.	843,984.	637,164.	825,035.	1086824.	4303299.			
8	Gross income from interest,									
•	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	330,074.	341,859.	305,611.	351,294.	417,456.	1746294.			
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)	13,094.	9,834.	9,541.	1,909.	-95,702.	-61,324.			
11	Total support. Add lines 7 through 10				1		5988269.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First five years. If the Form 990 is for	•		d fourth or fifth ta	x vear as a section					
	organization, check this box and stor		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2, , , , , , , , , , , , , , , , , , ,	,	(-)(-)	ightharpoons			
Sec	ction C. Computation of Publi	A .	centage							
14	Public support percentage for 2018 (li	ıne 6, column (f) dı	vided by line 11, co	olumn (f))		14	68.82 %			
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	69.84 %			
16a	33 1/3% support test - 2018. If the o			n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	c and			
	stop here. The organization qualifies						ightharpoons X			
b	33 1/3% support test - 2017. If the o		-		line 15 is 33 1/3%	or more, check the	s box			
	and stop here. The organization qual						ightharpoons			
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"									
ь	10% -facts-and-circumstances test			- · · ·	-	7a. and line 15 is	10% or			
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
12										
10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Pa	rt III Support Schedule for C	rganizations	Described in §	Section 509(a)	(2)	1 90 20,5	/ / / /
	(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under Pa	art II If the organiza	tion fails to
	qualify under the tests listed b	elow, please comp	olete Part II)			/	
Se	ction A. Public Support		<u> </u>	_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 /	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not					/	
	include any "unusual grants ")					/ /	<u>.</u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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			Α.	/		
	Amounts included on lines 1, 2, and				/		
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received			\ /			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ction B. Total Support				,		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(င်) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		. ,				
t	Unrelated business taxable income		/				
	(less section 511 taxes) from businesses		/		\		
	acquired after June 30, 1975		/				
c	Add lines 10a and 10b		/		\		-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is				\		•
12	regularly carried on Other income Do not include gain or loss from the sale of capital		/	<u>'</u>			
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)		/				
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(§) organizat	ion,
	check this box and stop here				<u> </u>		ightharpoonup
Sec	ction C. Computation of Publi	c Support Per	centage			1	
15	Public support percentage for 2018 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part I	III, line 15			16	%
Se	ction D. Computation of Inves	tment lncome	Percentage	·			
17	Investment income percentage for 20	18 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from	,				18	%
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1√7	ıs not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly si	upported organiza	tion \	▶□
t	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, an	d
	line 18 is not more than 33 1/3%, che	cly this box and st	op here. The orga	ınızatıon qualıfıes a	is a publicly suppo	rted organization	, ▶□
20	Private foundation. If the organization	n did not check a l	box on line 14, 19	a, or 19b, check th			\ ▶□
3320	23 10-11-18		-		Sch	edule A (Form 990	or 990-EZ) 2018
	/		15			_	
91	126 759633 405292.00	000	2018.	05000 WASI	HTENAW COM	MUNITY COI	LLE\405292.1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
<u> </u>		
2		
20		
3a •		
3b_		
3c		
4a		
L		
4b		
4c		
5a		
5b		
5c		
!		
		-
6		
7		
8		
9a		
9b		<u> </u>
00		
9c ,		
,		
10a		
10b	0 53	

	dule A (Form 990 or 990-EZ) 2018 WASHTENAW COMMUNITY COLLEGE FOUNDATION 38-25	<u> 7539:</u>	5 Pa	ige 5
Pai	t IV ∤ Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			į
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	1	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			į
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		 -
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			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	1		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. All Type III Supporting Organizations		Yes	No
4	Did the executation arounds to each of its comparted executations, by the last day of the lifth month of the	,	res	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			İ
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- '		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insti	ructions),		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			- 1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ŀ
	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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche Pa	dule A (Form 990 or 990 EZ) 2018 WASHTENAW COMMUNITY CO			8-2575395 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify		 	art VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must	complete Se	ections A through E	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	·	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	<u>. </u>	,
Ç	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	٠.	•	.
	factors (explain in detail in Part VI)	-		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		•	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		,
4	Enter greater of line 2 or line 3	4	·	<u> </u>
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 organ	nization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

38-2575395 Page 7 Schedule A (Form 990 or 990-EZ) 2018 WASHTENAW COMMUNITY COLLEGE FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2018 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	Form 990 or 990-EZ) 2018	WASHTENAV	V COMMUNITY	COLLEGE	FOUNDATION	38-2575395	Page 8
Part VI	Supplemental Infor	mation. Provide	the explanations requ	uired by Part II, I	ine 10, Part II, line 17a or	17b, Part III, line 12,	
	Part IV. Section A. lines 1	I. 2. 3b. 3c. 4b. 4c. !	5a, 6, 9a, 9b, 9c, 11a	, 11b, and 11c, F	Part IV, Section B, lines 1	and 2, Part IV, Section	С,
•	line 1, Part IV, Section D,	lines 2 and 3, Part	IV, Section E, lines 1	c, 2a, 2b, 3a, and	d 3b, Part V, line 1, Part \	/, Section B, line 1e, Par	t V ,
•	Section D, lines 5, 6, and	8, and Part V, Sect	ion E, lines 2, 5, and	6 Also complete	this part for any additio	nal information	
	(See instructions)						
			· · · · · · · · · · · · · · · · · · ·				
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	4.						
							
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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 18 Open to Public Inspection

Name of the organization

WASHTENAW COMMUNITY COLLEGE FOUNDATION

Employer identification number 38-2575395

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6								
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (dunng year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed 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 a	advisors in writing that grant funds can be	used only							
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring							
_	impermissible private benefit?		Yes No							
P	rt II Conservation Easements. Complete if the or		Part IV, line 7							
1	Purpose(s) of conservation easements held by the organization									
	Preservation of land for public use (e g , recreation or e		orically important land area							
	Protection of natural habitat	Preservation of a cer	ufied historic structure							
_	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	•							
	day of the tax year		Held at the End of the Tax Year							
6			2a 2b							
t		ristura included in (a)	2c 2c							
	Number of conservation easements included in (c) acquired a	• •								
•		arter 7723/00, and not on a historic structo	2d							
3										
Ū	year >									
4	Number of states where property subject to conservation ea	sement is located								
5	Does the organization have a written policy regarding the per									
	violations, and enforcement of the conservation easements in		Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year							
	>									
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing 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)(B)(ı)							
	and section 170(h)(4)(B)(ii)?		Yes No							
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and							
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for							
	conservation easements		Land Charities Annual							
Pa	rt III Organizations Maintaining Collections of		ner Similar Assets.							
	Complete if the organization answered "Yes" on Form									
18	If the organization elected, as permitted under SFAS 116 (AS									
	historical treasures, or other similar assets held for public ext		nce of public service, provide, in Part XIII,							
	the text of the footnote to its financial statements that descri									
t	If the organization elected, as permitted under SFAS 116 (AS	· ·								
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, provide the following amounts							
	relating to these items		.							
	(i) Revenue included on Form 990, Part VIII, line 1		-							
_	(ii) Assets included in Form 990, Part X	and the second s	Table provide							
2	If the organization received or held works of art, historical tre		ı gaiii, provide							
	the following amounts required to be reported under SFAS 1	10 (ASC 936) relating to these items	*							
	·		~ ~ ~ ~ ~ ~ ~ ~ ~ ~							
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction	s for Form 990	Schedule D (Form 990) 2018							

		AW COMMUNI						Page 2
Pa	t III Organizations Maintaining C						_	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	ollowing that are a s	ignificant	use of its c	ollection i	tems
•	(check all that apply)							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	•	-	-		ose in Part	XIII	
5	During the year, did the organization solicit of				ır assets	_	٦	
Da	to be sold to raise funds rather than to be ma				.		Yes	No
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contributions	s or other assets not	included	_	7 v	□ Na
	on Form 990, Part X?		laa dabla			L_	_ Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the for	lowing table			1	Amount	
_	Paginning halance				1c	 	Amount	
C	Beginning balance Additions during the year				1d	 		
e	Distributions during the year				1e	<u> </u>		
f	Ending balance				1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21, for escrow or cu	istodial account liab			Yes	No No
	If "Yes," explain the arrangement in Part XIII				-			
Pai								
		(a) Current year	(b) Prior year	(c) Two years back	1	years back	(e) Four	years back
1a	Beginning of year balance	21,263,689.	19,549,384.	17,273,906.	17,	138,496.	16,	286,772.
b	b Contributions 882,870. 480,180. 350,120.							534,101.
С	Net investment earnings, gains, and losses	1,751,722.	1,785,783.	2,285,613.		115,097.		633,578.
d	Grants or scholarships	753,019.	551,658.	360,255.		278,217.		315,955.
е	Other expenditures for facilities							
	and programs				ļ		_	
f	Administrative expenses							
g	End of year balance	23,145,262.	21,263,689.	19,549,384.	17,	273,906.	17,	138,496.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as				
а	Board designated or quasi-endowment	1.75	_%					
b	Permanent endowment ► 56.67	%						
С	• •	<u>1.58</u> %						
_	The percentages on lines 2a, 2b, and 2c sho	•						
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	ia administered for t	ne organiz	zation	Г.	
	by							Yes No
	(i) unrelated organizations						3a(i)	$\frac{x}{x}$
.	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	od on Schedule P2				3a(ii)	 -
4	Describe in Part XIII the intended uses of the	•					30	
_	t VI Land, Buildings, and Equipm		Willelit Idrius				-	
	Complete if the organization answere		. Part IV. line 11a S	ee Form 990. Part X	. line 10			
	Description of property	(a) Cost or o			Accumula	ted	(d) Book	value
)	basis (investr	1 ' '	1 ' '	epreciatio		,-,	
	Land							
	Buildings							
	Leasehold improvements							
d	Equipment							
е	Other							
Tota	. Add lines 1a through 1e (Column (d) must e	aual Form 990. Part	X. column (B), line 1	0c.)		•		0.

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) SPLIT INTEREST AGREEMENTS PAYABLE 29,713.

(3) REFUNDABLE ADVANCE 100,000.

(4) (5) (6) (7)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

129,713

Schedule D (Form 990) 2018

(8) (9)

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS CHANGE IN VALUE OF CHARITABLE REMAINDER UNITRUST INVESTMENT FEES -66,928. -50,667. TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2018

Sched	ule D (Form	990) 2018 plemental	W Informa	ASHTEN	AW CON	MUNITY	COLLEGE	FOUNDATION	38-2575395	Page 5
	ESTMEN							· ·	-66,	928.
FORI	4 990,	SCHEDU	LE D,	PART V	7					
SCHO	DLARSH:	IPS AND	GRAN'	rs give	N HAV	E HISTO	DRICALLY	BEEN SHOWN	ON LINE 1E.	
THE	SE ITEN	MS HAVE	BEEN	MOVED	TO LI	NE 1D 7	O PROPE	RLY REFLECT	THE ACTIVITY	<u>IN</u>
THE	ENDOW	MENT.		<u> </u>						
										
										
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Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Name of the organization WASHTEN	AW COMMUNITY COLLEC	GE E	OUI	NDATION	38-257	5395
Part I Fundraising Activities.	Complete if the organization answe				ine 17 Form 990-E	Z filers are not
required to complete this part Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover ising i ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Y	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	
		Yes	No			
			•			
						-
otal			>			
3 List all states in which the organizatio or licensing	n is registered or licensed to solicit c	ontribi	utions	or has been notified	it is exempt from	registration
-						

Schedule G (Form 990 or 990-EZ) 2018

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

		le G (Form 990 or 990 EZ) 2018 WASHTEN				2575395 Page 2
تنا		of fundraising event contributions and gra				
	٠,		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL GALA	GOLF OUTING	1	(add col (a) through col (c))
<u>a</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	67,853.	77,669.	71,381.	216,903.
	2	Less Contributions	42,853.	55,269.	57,461.	155,583.
	3	Gross income (line 1 minus line 2)	25,000.	22,400.	13,920.	61,320.
	4	Cash prizes		4,000.		4,000.
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs		28,083.		28,083.
rect Ex	7	Food and beverages	22,785.		7,631.	30,416.
٥	8	Entertainment	4,750.			4,750.
	9	Other direct expenses	56,544.	28,785.	14,106.	99,435.
	10	Direct expense summary Add lines 4 through			>	166,684.
Pa	11			000 5 1 1 10		-105,364.
<u> </u>	1111	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	answered "Yes" on Form	1990, Paπ IV, line 19, or r	eported more than	
		\$10,000 011 0111 000 E2, IIIIe 0a	T	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve						
H	1	Gross revenue .				_
es	2	Cash prizes				
Expenses	3	Noncash prizes			-	
Direct	4	Rent/facility costs				7
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	☐ Yes % ☐ No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		>	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		•	<u>.</u>
9	Ent	ter the state(s) in which the organization condu	ioto gamina antivitino			
а	ls t	he organization licensed to conduct gaming ac No," explain	ctivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re	• •	•	ear?	Yes No
	_					
83208	2 10	-03-18			Schedule G (For	m 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 WASHTENAW COMMUNITY COLLEGE FOUNDATION 38-2575395 Page 3
11 Does the organization conduct gaming activities with nonmembers? Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in
a The organization's facility
b An outside facility <u>13b</u> %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.
Name
Address
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b 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?
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 > \$
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 or 990 EZ) Supplemental Info	WASHTENAW	COMMUNITY	COLLEGE	FOUNDATION	38-2575395	Page 4
Part IV	Supplemental Info	ormation (continued)					
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

No.

OMB No 1545-0047

2 Schedule I (Form 990) (2018) **Employer identification number** 38-2575395 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ► Go to www.irs.gov/Form990 for the latest information. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed WASHTENAW COMMUNITY COLLEGE FOUNDATION (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Parti Part II

36

Page 2 (f) Description of noncash assistance 38-2575395 (e) Method of valuation (book, FMV, appraisal, other) COLLEGE. THE FINANCIAL AID OFFICE ADMINISTERS THE SCHOLARSHIPS AND REQUESTS THAT TIME. OTHER GRANTS TO THE COLLEGE ARE PAID TO THE COLLEGE WHEN PAYMENT IS Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, columi (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed AVAILABLE FUNDS AND ENDOWMENT AND SCHOLARSHIP FUND CRITERIA. AWARDS ARE (SCHOLARSHIPS) OR BUSINESS OFFICE (OTHER GRANTS) OF WASHTENAW COMMUNITY GRANT AND SCHOLARSHIP APPLICATIONS ARE SUBMITTED TO THE FOUNDATION. AN AWARDS COMMITTEE REVIEWS ALL APPLICATIONS AND MAKES AWARDS BASED ON COMMUNICATED TO THE RECIPIENT AS WELL AS THE FINANCIAL AID OFFICE (d) Amount of non-cash assistance ٠. 。 ٥. Ö PAYMENT FROM THE FOUNDATION ONCE APPLIED TO A STUDENT ACCOUNT. 41,995, 26,428, 1,005,724 25,463 (c) Amount of cash grant (b) Number of recipients 1385 182 11 91 (a) Type of grant or assistance FACULTY/PROGRAM INITIATIVES RESOURCE CENTER ASSISTANCE OTHER EDUCATIONAL SUPPORT Schedule I (Form 990) (2018) PART I, LINE 2: SCHOLARSHIPS MADE AT Part III

WASHTENAW COMMUNITY COLLEGE FOUNDATION

832102 11-02-18

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Schedule I (Form 990)	WASH	TENAW CO	YTINUMM	COLLEGE	FOUND	<u>ATION</u>	<u> 38-2575395</u>	Page 2
Part IV Supple	WASH mental Information	n			<u> </u>			
AWARDED AND	SPECIFIC PRO	OGRAM US	E IS MON	NITORED E	Y THE	COLLEGE	BUSINESS	
OFFICE WITH	REPORTS BAC	K ጥር ጥዝፍ	FOUNDAT	TION ROAR	D.			
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

WASHTENAW COMMUNITY COLLEGE FOUNDATION

Employer identification number 38-2575395

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization X a Receive a severance payment or change-of-control payment? 4a X 4h b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X 5a a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X 6a a The organization? X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2018

WASHTENAW COMMUNITY COLLEGE FOUNDATION Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

1		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner dererred compensation	Deneirs	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
		,						
(1) KRISTIN GOOD	Ξ	- 1		0	0		- 1	0.
BOARD MEMBER	(ii)	154,777.	9,551.	0.	0.	38,639.	202,967.	0
(2) PHILLIP SNYDER	(i)	0	0 0	0	• 0	0	0	0
AVP, COLLEGE ADVANCEMENT	(ii)	128,721.	4,514.	0	• 0	22,057.	155,292.	0
(3) DR. ROSE BELLANCA	(i)	0	0	0	0	0	1	0
WCC PRESIDENT	(ii)	206,990.	92,420.	0	0	53,670.	353,080.	0.
(4) CRISTY LINDEMANN	Θ		0		0		0	0
FORMER BOARD MEMBER	(ii)	145,091.	1,043.	0	0	48,507.	194,641.	0
	(i)							İ
	(ii)							
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SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

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Open To Public Inspection

Name of the organization

WASHTENAW COMMINITY COLLEGE FOUNDATION

Employer identification number

					LEGE FOUNDA					75 <u>3</u>	95		
Part I Excess Bene	fit Transacti	ons (section 50	01(c)(3	3), secti	on 501(c)(4), and 50	1(c)	(29) organization	s only)				
Complete if the o	organization ansv	vered "Yes" on I	Form 9	990, Pa	rt IV, line 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b			
1	(b) F	Relationship bety			ified ,				_		(d)	Corre	cted?
(a) Name of disqualified p	erson	person and or	ganıza	ation	(6	:) U	escription of tran	ISACTIO	n		Y	es	No_
2 Enter the amount of tax in	ncurred by the o	rganızatıon man	agers	or disq	ualified persons duri	ng 1	the year under						
section 4958									▶ \$				
3 Enter the amount of tax, I	if any, on line 2,	above, reimburs	ed by	the org	ganization				\$				
Danielli I dana ka ana	/ Ind	anadad Ban											
Part II Loans to and													
•	•			-	, Part V, line 38a or F	orn	n 990, Part IV, Im	e 26, d	or if th	e orgai	nızatıc	n	
reported an amou		<u> </u>		2 oan to or		_		Ι		(h) App	oroved		
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	n the	(e) Original principal amount	(1) Balance due	(g) defa	,	l by boa	ard or		ritten ment?
interested person	With Organization	Orioan		zation?	principal amount					cómm			
			То	From				Yes	No	Yes	No	Yes	No
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Total , , ,			<u> </u>		. • \$								'
Part III Grants or Ass	sistance Ber	efiting Inter	este	d Per		_	•			1			
Complete if the o		_											
(a) Name of interested p		(b) Relationship			(c) Amount of		(d) Type	of		(e)) Purp	ose o	
(a) Name of interested p		interested pers	on an		assistance		assistan				assista		•
		the organiza	ation										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-F7

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

WASHTENAW COMMUNITY COLLEGE FOUNDATION

Employer identification number 38-2575395

THIDMIDITE COLLEGE TO CONTINUE OF BUTTON
FORM 990, PART VI, SECTION A, LINE 2:
SOME BOARD MEMBERS MAY SIT ON BOARDS WITH OTHER BOARD MEMBERS OR HAVE A
BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY MANAGEMENT TO INCLUDE THE ASSOCIATE VICE PRESIDENT,
COLLEGE ADVANCEMENT FOR THE FOUNDATION AND THE CONTROLLER OF THE COLLEGE.
IT IS THEN REVIEWED BY THE AUDIT AND FINANCE COMMITTEES AND PRESENTED TO
THE BOARD OF DIRECTORS TO REVIEW. THE BOARD OF DIRECTORS REVIEWS THE 990
WITHOUT SCHEDULE B.
FORM 990, PART VI, SECTION B, LINE 12C:
THE FOUNDATION BOARD ANNUALLY UPDATES CONFLICT OF INTEREST INFORMATION AND
REVIEWS THE POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
FORM 990, PART VI, SECTION B, LINE 15A AND 15B: THE FOUNDATION DOES NOT
HAVE A COMPENSATION POLICY, SINCE IT DOES NOT COMPENSATE ANY OFFICERS OR
KEY EMPLOYEES. THE FOUNDATION'S RELATED ORGANIZATION ADHERES TO ITS BOARD
POLICY ASSOCIATED WITH COMPENSATION OF ADMINISTRATORS WHICH WOULD INCLUDE
THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL AND ALL KEY EMPLOYEES.
THE ORIGINATION D TOT TENTIONING OF TOTAL TENTION THE TENTION OF T
HODY OOG DADE UT GEOMEON G. LINE 10.
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.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

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OMB No 1545-0047

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

WASHTENAW COMMUNITY COLLEGE FOUNDATION

Employer identification number 38-2575395

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total income 9 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part I Part II

(g) Section 512(b)(13) Ŷ × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section SOVERNMENT Legal domicile (state or foreign country) MICHIGAN Primary activity HIGHER EDUCATION - 38-1784300 Name, address, and EIN of related organization WASHTENAW COMMUNITY COLLEGE 4800 EAST HURON RIVER DRIVE ANN ARBOR, MI 48106

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

Schedule R (Form 990) 2018

WASHTENAW COMMUNITY COLLEGE FOUNDATION Schedule R (Form 990) 2018

Page 2

38-2575395

Percentage ownership Yes No (i) Section 512(b)(13) controlled entity? 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 3 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. managing partner? Percentage ownership General or Yes No Ξ Code V-UBI amount in box 20 of Schedule – K-1 (Form 1065) Share of end-of-year assets Disproportionate Yes allocations? Ξ Share of total Income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) Share of total income ε Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) <u>©</u> Direct controlling entity Ð Primary activity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> <u>a</u> Part III Part IV

Schedule R (Form 990) 2018

38-2575395

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

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

2018	066 u	(Forn	Schedule R (Form 990) 2018			832163 10-62-18
						(9)
						(5)
						(4)
						(3)
			FAIR MARKET VALUE	95,352.	z	WASHTENAW COMMUNITY COLLEGE - PROVIDED (2) IN-KIND
			FAIR MARKET VALUE	422,223.	0	COMMUNITY COLLEGE -
		lved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
			mation on who must complete this line, including covered relationships and transaction thresholds	is line, including covered r	ho must complete th	2 If the answer to any of the above is "Yes," see the instructions for information on w
$ \bowtie $		1s				s Other transfer of cash or property from related organization(s)
×		4				r Other transfer of cash or property to related organization(s)
×	1	10				q Reimbursement paid by related organization(s) for expenses
×		1p				p Reimbursement paid to related organization(s) for expenses
	4	2				O Straining of para employees with related of garinzation(s)
	∢;	ţ			on(s)	
×	;	T.			nzation(s)	
×		=			ızatıon(s)	I Performance of services or membership or fundraising solicitations for related organization(s)
×		¥				k Lease of facilities, equipment, or other assets from related organization(s)
×		:				 j Lease of facilities, equipment, or other assets to related organization(s)
×		1				i Exchange of assets with related organization(s)
×		1h				h Purchase of assets from related organization(s)
×		1g				g Sale of assets to related organization(s)
×		#				f Dividends from related organization(s)
×		1e				e Loans or loan guarantees by related organization(s)
×		1d				d Loans or loan guarantees to or for related organization(s)
×		1c				c Gift, grant, or capital contribution from related organization(s)
	×	1b				b Gift, grant, or capital contribution to related organization(s)
×		1a)		a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
			Parts II:IV?	elated organizations listed in	s with one or more re	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?

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Schedule R (Form 990) 2018 WASHTENAW COMMUNITY COLLEGE FOUNDATION

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	3								
, titte 0 +0	ctivity	Legal domicile	Predominant income parties sec (related, unrelated,	(I)		Dispropor- tionate	Code V-UBI	U) General or managing	(K) Percentage
OI eriniy		country)	excluded from tax under orgs?	Income	end-or-year assets	allocations?	of Schedule K-1 partner? ownership (Form 1065) Yes No	Partner?	ownersnip
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Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018	WASHTENAW	COMMUNITY	COLLEGE	FOUNDATION	38-2575395	Page_5
Part VII	(Form 990) 2018 Supplemental Infor	mation.					
	Provide additional informa		guestions on Sche	edule R. See inst	ructions		
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