For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493130022131 OMB No. 1545-0047

2019

Return of Organization Exempt From Income Tax

Department of the Treasury

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.

		nue Service	1								
				e ar, or tax year l organization	peginning 07-01-2019 ,	and endi	ng 06-30)-2020	D Employer is	dentif	ication number
		pplicable: change	BELLEVUE	COLLEGE FOUNDAT	TION						reaction maniper
□ Nai		-	Doing bus	inace on					91-105167	1	
☐ Init		turn n/terminated		silless as							
		return	Number a		ox if mail is not delivered to stre	et address)	Room/sui	te	E Telephone n	umber	
□ Арі	plication	on pending		DERHOLM CIRCLE S					(425) 564-	5074	
				wn, state or province E, WA 980076484	e, country, and ZIP or foreign p	ostal code					
									G Gross receip		.757,702
			CHAD KIN	and address of pr NCAID	incipal officer:				Is this a group returi	n for	
				DERHOLM CIRCLE E, WA 98007	E SE				subordinates? Are all subordinates		□Yes ☑No
[Tax	k-exer	mpt status:) ◀ (insert no.) 4947(7	` í	ncluded?	/	Yes No
1 \A/.	obcit	- N/\A		JECOLLEGE.EDU/		a)(1) or L	J 52/		If "No," attach a list. Group exemption nu	•	•
, 44	ensit	.e. P VV VV	W.DELLEV	JECOLLEGE.EDO/	FOUNDATION			, , ,	eroup exemption na		•
K Forn	n of oı	rganization:	: 🗹 Corpor	ation Trust	Association Other			L Year of			of legal domicile:
		_							W	٠	
Pa	irt I		mary	vanniantian'a miss	ion or most significant acti	vition					
					ion or most significant acti ACULTY AND ITS STUDENT:		L DESCR	IPTION I	N SCHEDULE O.) BE	LLEV	JE COLLEGE
ໝ					H BELLEVUE COLLEGE TO (ADMINISTERS DONOR RE						
Š					OR STUDENT SCHOLARSHI					J DL1	ANTIFICITIS AND
eme	-										
Governance	-										
					on discontinued its operation						l
асшущеs &	l		_	-	verning body (Part VI, line 1 ers of the governing body (•				4	23
	l		or inaepena nber of indi		5	23					
ACL	l			unteers (estimate		6	23				
	l			-	n Part VIII, column (C), line					7a	0
	l				e from Form 990-T, line 39					7b	0
									Prior Year		Current Year
Qi.	8	Contribut	ions and gr	ants (Part VIII, lin			2,603,697		3,294,073		
Rəvenue	9	Program	service rev	enue (Part VIII, lin	e 2g)		69,250		69,874		
Rọv	l			•	(A), lines 3, 4, and 7d) .		458,064		343,039		
	l				lines 5, 6d, 8c, 9c, 10c, and				39,113		8,767 3,7 1 5,753
	_				. (must equal Part VIII, colu						
	l				IX, column (A), lines 1–3 IX, column (A), line 4)		1,257,827 1,2				
	l			•	ee benefits (Part IX, columi				511,017 53		
Expenses	l		•		column (A), line 11e)		•		311,017		532,893 0
рег	l			- , ,	(D), line 25) ►310,101						
Ĭ	l		- '		lines 11a-11d, 11f-24e) .		•		294,458		293,489
	18	Total exp	enses. Add	lines 13-17 (mus	st equal Part IX, column (A)	, line 25)			2,063,302		2,062,859
	19	Revenue	less expens	ses. Subtract line	18 from line 12				1,106,822		1,652,894
Net Assets or Fund Balances								Begir	nning of Current Year		End of Year
sets	20	Total ass	ets (Part X.	line 16)			_		14,355,039		15,468,566
A B	l								111,193	 	150,486
Fu	l		,	•	line 21 from line 20				14,243,846	 	15,318,080
Pa	rt II	Sign	ature Blo	ck							
					examined this return, inclu plete. Declaration of prepa						
any k			1, 10 15 0 00	eon ect, and com	prece. Becautation of prepa	rer (ourer	enan onic	C1 / 15 BG	sea on an informatio		Then preparer has
		*****	*						2021-05-04		
Sign		Signatu	ure of officer						Date		
Here		CHAD I	KINCAID TRE	ASURER							
			r print name								
		Р	rint/Type pre	parer's name	Preparer's signature		Da	ate	Check I if PTIN	I 384134	 4
Paid		-	irm's no	CMITH DUMPAY	DEDMAN DDITTON PC				self-employed		-
Prep		ا ا	irm's name	► PMITH RONDAY	BERMAN BRITTON PS				Firm's EIN ▶ 91-127	5259 	
Use	On	ly F	irm's address	► 11808 NORTHUP	WAY SUITE 240				Phone no. (425) 827	-8255	
				BELLEVUE, WA	980051959						
∕lay t	he IR	S discuss	this return	with the preparei	shown above? (see instru	ctions) .				 ✓ Y	′es 🗌 No

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)					Page 2									
Pa	till Statement	of Program Service	e Accomplis	hments											
	Check if Sche	dule O contains a respo	nse or note to a	any line in this Part III		🗆									
1	Briefly describe the o	organization's mission:		•											
			ATION IS TO RA	AISE FUNDS TO SUPPO	RT QUALITY EDUCATION AND LEA	RNING OPPORTUNITIES									
FOR	ALL BELLEVUE COLLEG	SE STUDENTS.													
2	Did the organization undertake any significant program services during the year which were not listed on														
	the prior Form 990 o	r 990-EZ?				☐ Yes 🗹 No									
	If "Yes," describe the	ese new services on Sch	edule O.												
3	Did the organization cease conducting, or make significant changes in how it conducts, any program														
	services?														
	If "Yes," describe the	ese changes on Schedule	e O.												
4	Section 501(c)(3) an		ns are required	to report the amount	e largest program services, as meas of grants and allocations to others,										
	(Code:) (Expenses \$	813,295	including grants of \$	813,295) (Revenue \$	0)									
	See Additional Data					· 									
4b	(Code:) (Expenses \$	409,682	including grants of \$	409,682) (Revenue \$	0)									
	See Additional Data					_									
4c	(Code:) (Expenses \$	13,500	including grants of \$	13,500) (Revenue \$	0)									
	See Additional Data														
4d	Other program servi	ces (Describe in Schedu	le O.)												
	(Expenses \$	inclu	ding grants of	\$) (Revenue \$)									
4e	Total program serv	vice expenses ▶	1,236,4	77											

Form 990 (2019)						
Par	Checklist of Required Schedules		ı			
			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 📆	1	Yes			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes			
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		No		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No		
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? <i>If "Yes," complete Schedule D,</i> Part	6		No		
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		No		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No		
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥞	11c		No		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🔁	11d	Yes			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes			
	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		No		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No		
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		No		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No		

17

18

19

20a

20b

21

Yes

Form **990** (2019)

Nο

Nο

Nο

Nο

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	ser
10	Did per
11	If t
а	Did Sch

17

18

19

orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
.2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	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		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] [Section FOX(a)(12) agranizations, Fators			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			B 1 -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	o" respo	onse to	lines
Se	ction A. Governing Body and Management			
_		\longrightarrow	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 23	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
		$\overline{}$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	<u> </u>	16b		
<u>Se</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
_/	List the states with which a copy of this form 990 is required to be filed. WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: PAUL FEAVEL AT BELLEVUE COLLEGE 3000 LANDERHOLM CIRCLE SE BELLEVUE, WA 98007 (425) 564-2386			

(16) CHAD R KINCAID

(17) CIARELLE JIMENEZ SECRETARY

TREASURER

organization and any related organizations.

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 • 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

 List all of the organization's former officers, of reportable compensation from the organization 						sated	em	ployees who receiv	ed more than \$100	0,000	
 List all of the organization's former director organization, more than \$10,000 of reportable control 	ompensation fro	m the									
See instructions for the order in which to list the	•										
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	related organizations	
(1) DANA K GRAY BOARD MEMBER	2.00	X						0	0	0	
(2) SCHWIND ORR BOARD MEMBER	2.00	Х						0	0	0	
(3) CISCO MALPARTIDA SMITH BOARD MEMBER	2.00	Х						0	0	0	
(4) JAMES R CHESEMORE PRESIDENT	4.00	Х		х				0	0	0	
(5) CAROL M TAYLOR BOARD MEMBER	2.00	Х						0	0	0	
(6) CYNTHIA A JOHNSON BOARD MEMBER	2.00	Х						0	0	0	
(7) LISA M BROCK BOARD MEMBER	2.00	Х						0	0	0	
(8) ZAHRA HIRANI BOARD MEMBER	2.00	Х						0	0	0	
(9) CHERYL A GUNDERSON BOARD MEMBER	2.00	Х						0	0	0	
(10) MARIA KYRIAKOS BOARD MEMBER	2.00	Х						0	0	0	
(11) ANDRA PLETZ BOARD MEMBER	2.00	Х						0	0	0	
(12) COURTNEY COURTER BOARD MEMBER	2.00	Х						0	0	0	
(13) CIMA MALEK-ASLANI BOARD MEMBER	2.00	Х						0	0	0	
(14) STAN ROSEN BOARD MEMBER	2.00	Х						0	0	0	
(15) ROGER MAULDIN BOARD MEMBER	2.00	X						0	0	0	

4.00

4.00

0

(A)

compensation from the organization ▶ 0

Part VII

Page 8

(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne bo	οχ, ι n of or/t	t ch unle: ficer rust		son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-		(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		relati organiza	ed
(18) TOM NIELSEN	2.00	Х						0		٥		0
BOARD MEMBER		····^								1		
(19) ERIC P VONDERSCHEER	2.00	Х						0		٥		0
BOARD MEMBER	···	^`										
(20) ANGELA GRAVES	2.00	X						0		٥		0
BOARD MEMBER	···	····′										
(21) JUSTIN P HENDRICKSON	2.00	X						0		٥		0
BOARD MEMBER	<u> </u>	^						ŭ				
(22) CHAD WALL	2.00	Х						0	0		0	
BOARD MEMBER		`						0		<u> </u>		
(23) DALE KING	2.00	V						0		٥		0
BOARD MEMBER	†·····	×						o l		٩		U
(24) PAUL FEAVEL	30.00			.,					107.0			24.442
DIRECTOR OF FOUNDATION FIN	†**			Х				0	107,0	1/8		31,412
(25) REBECCA CHAWGO	30.00							_			20.474	
EXECUTIVE DIRECTOR	†···	••••		Х				0	112,1	84		29,471
1b Sub-Total				_	1	<u> </u>						
c Total from continuation sheets to Part \				_	•	•						
_					1	•		0	219,262			60,883
Total number of individuals (including but of reportable compensation from the organization)	t not limited to				/e) v	vho re	ceive	ed more than \$100	,000			
											Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			key e	mp	loye •	e, or h	ighe •	est compensated er	mployee on	3		No
4 For any individual listed on line 1a, is the organization and related organizations gr									he			
individual			•	•	•	•	•			4		No
5 Did any person listed on line 1a receive of services rendered to the organization? If										5		No
Section B. Independent Contractors	3											
Complete this table for your five highest from the organization. Report compensat	compensated in									ens	sation	
(A) Name and business address (B) Description of services								(C) Compens				
										\dashv		
										+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

(B)

(C)

(D)

(E)

		(2019)		N						Page 9
Part	VIII	 -			rec	unco or note to	line in this Part VIII			🗹
		Check II Sched	uie	O contains a	respo	nise or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(6)	1a	Federated campa	igns		1a	I		revenue		312 314
nnts unt	Ŀ	b Membership dues	5.	· [1 b					
Gra mo		c Fundraising even	ts .	. [1c					
fs, FA		d Related organiza	tions	; <u> </u>	1d					
Gi	6	e Government grants	(cont	tributions)	1e					
ons, Sin	f	All other contribution and similar amounts	ns, g	ifts, grants,						
utic Per		above		L	1f	3,294,073				
흡	9	Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	105,819				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines :	1a-11	f			2 204 072			
						Business Code	3,294,073			
	2a	INTERNT'L STUDENT	SERV	/		561000	69,874	69,874		
Жe										
Program Service Revenue	b									
⊕ 25	С									
rvic	٠									
% =	d									
gran	e									
ď	Ī									
	f	All other program	serv	ice revenue.						
		Total. Add lines 2				69,874	1	T	Γ	
		Investment income imilar amounts)		luding divide		nterest, and other	342,938	3		342,938
		Income from invest	men	t of tax-exer	npt bo	ond proceeds				
	5 F	Royalties	·	(i) D		•	1			
				(i) Rea	1	(ii) Personal	-			
		Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income	اء				-			
	d	or (loss) Net rental income	6c	(loss)			1			
	_	. Net remainment		(i) Securi		(ii) Other				
	7a	Gross amount	_				=			
	from sales of assets other than inventory		42,050							
	h	Less: cost or					1			
	_	other basis and sales expenses	7b		41,949)				
		Gain or (loss)	7c		101		1			
		Net gain or (loss)	oxdot] 101	. 101		
0		Gross income from fu		ising events						
an ne		(not including \$contributions reported								
eve		See Part IV, line 18	•		8a					
Other Revenue		Less: direct expen			8b]			
the	С	Net income or (los	s) rr	om fundraisi	ng ev	ents 🏲	1			
	9a	Gross income from See Part IV, line 19	gami	ng activities.						
	L				9a 9b		-			
		Less: direct expen Net income or (los				ies				
		`	,	, ,						
	10a	Gross sales of inve returns and allowa	entor	ry, less	10a					
		Less: cost of good			10a		-			
		Net income or (los				ory	J			
		Miscellaneo	us R	evenue		Business Code				
	11	aexternal trust	EAF	RNING		900099	8,767	8,767		
	_									
	b	•								
	c							1		
	٥									
	d	All other revenue	_					-		
		Total. Add lines 1				•		,		
	12	Total revenue. S	ee in	structions .			8,767			
							3,715,753	78,742	0	342,938

Forr	n 990 (2019)				Page 10
P	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	813,295	813,295		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	423,182	423,182		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				_
5	Compensation of current officers, directors, trustees, and key employees	181,586		126,202	55,384
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	341,235		194,504	146,731
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,129		1,214	915
9	Other employee benefits	6,105		3,480	2,625
10	Payroll taxes	1,838		1,048	790
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal	4,448		4,448	
c	Accounting	44,774		44,774	_
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	31,923		31,923	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	176		,	176
12	Advertising and promotion	15,933		2,709	13,224
	Office expenses	40,438		30,583	9,855
	Information technology	32,580		27,693	4,887
	Royalties	32,300		27,033	1,007
		9,688		7,400	2,288
	Occupancy	530		24	506
	Payments of travel or entertainment expenses for any federal, state, or local public officials	330		24	
10	Conferences, conventions, and meetings				
	<u> </u>				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	2.010		2.010	
	Insurance	2,818		2,818	
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.)				
	a DONOR RECOGNITION	57,677			57,677
	b PLEDGES - BAD DEBT	23,089		23,089	
	c PROFESSIONAL DEVELOPMEN	13,470		11,551	1,919
	d MEALS	9,842		2,821	7,021
	e All other expenses	6,103			6,103
25	Total functional expenses. Add lines 1 through 24e	2,062,859	1,236,477	516,281	310,101
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ► ☐ if following SOP 98-2 (ASC 958-720).

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Form 990 (2019)

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Page 11

10,843,028

1,427,514

2,690,569

15,468,566

19,003

131.483

150.486

1,440,244

13,877,836

15,318,080

15,468,566

Form 990 (2019)

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

9,487,448

1,395,013

2,785,140

14,355,039

16,044

95.149

111.193

1,698,612

12,545,234

14,243,846

14,355,039

	Beginning of year		End of year
1 Cash-non-interest-bearing	275,812	1	232,697
2 Savings and temporary cash investments	107,485	2	118,875
	000 000		110.011

2	Savings and temporary cash investments	107,485	2	118,875
3	Pledges and grants receivable, net	283,662	3	142,044
4	Accounts receivable, net	8,123	4	3,661
5	Loans and other payables to any current or former officer, director, trustee,			

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

7 Notes and loans receivable, net . . . Assets Inventories for sale or use . Prepaid expenses and deferred charges . 12,356 9 10,178

10a

10b

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

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

3h

Additional Data

Software ID:

Software Version: EIN: 91-1051671

Name: BELLEVUE COLLEGE FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

BELLEVUE COLLEGE FOUNDATION PROVIDED GRANTS TO BELLEVUE COLLEGE AND A WIDE RANGE OF ITS PROGRAMS, ACTIVITIES AND DEPARTMENTS TO ENABLE INNOVATIONS, ENHANCEMENTS AND EXCELLENCE, NOT POSSIBLE ON TUITION AND STATE SUPPORT. AMONG THESE GRANTS WERE 11 COMPETITIVE AWARDS OFFERED BY THE FOUNDATION TO FACULTY WHO DEVELOPED PROPOSALS FOR SPECIFIC NEW PROGRAMS, FOR CURRICULUM ENHANCEMENTS AND FOR NEW OR ENHANCED INSTRUCTIONAL RESOURCES. 4.094 MEMBERS AND UNDERWRITERS HELP KEEP REGIONAL PUBLIC RADIO STATION KBCS 91.3 ON THE AIR. APPROXIMATELY 1.100

INTERNATIONAL STUDENTS WERE ABLE TO ENROLL AT BELLEVUE COLLEGE UNDER A SHARED FUNDING AGREEMENT BETWEEN THE FOUNDATION AND THE COLLEGE.

Form 990, Part III, Line 4b:

WERE AWARDED TO 193 INDIVIDUAL STUDENTS MAKING IT POSSIBLE FOR THEM TO PURSUE DEGREES, ADDITIONALLY, 67 YOUNG FAMILIES OR SINGLE-PARENT

CIRCUMSTANCES THAT WOULD OTHERWISE LIKELY HAVE CAUSED THEM TO ABANDON THEIR EDUCATIONS.

BELLEVUE COLLEGE STUDENTS WERE AWARDED CHILDCARE SCHOLARSHIPS PROVIDING CARE FOR YOUNG CHILDREN TO ENABLE THE PARENTS TO ATTEND CLASSES. EMERGENCY AID WAS EXTENDED TO 87 STUDENTS TO MAKE IT POSSIBLE FOR THEM TO CONTINUE THEIR STUDIES WHEN FACED WITH SUDDEN, UNEXPECTED

THE BELLEVUE COLLEGE FOUNDATION AWARDED SCHOLARSHIPS TO NEEDY, DESERVING AND CAPABLE STUDENTS TO ENABLE THEM TO ATTEND BELLEVUE COLLEGE, TO EXCEL IN THEIR STUDIES OR TO CONTINUE THEIR STUDIES WHEN FACED WITH UNEXPECTED FINANCIAL CRISES. TUITION, FEES AND/OR BOOK EXPENSE SCHOLARSHIPS

BELLEVUE COLLEGE FOUNDATION ENCOURAGES, RECOGNIZES AND REWARDS THE CREATIVE LEADERSHIP, CARE FOR STUDENTS, AND DRIVE FOR EXCEPTIONAL ACCOMPLISHMENTS EMBODIED IN THE FULL-TIME AND PART-TIME FACULTY, THE STAFF AND THE ADMINISTRATORS OF BELLEVUE COLLEGE. DURING THIS YEAR 3 INDIVIDUALS, NOMINATED BY THEIR PEERS AND THEIR STUDENTS, WERE RECOGNIZED WITH THE FOUNDATION'S "EXCELLENCE AWARDS OR OTHER AWARDS FOR THEIR

EXCEPTIONAL AND INSPIRATIONAL DEDICATION AND SERVICE TO STUDENTS, TO STUDENT SUCCESS AND TO BELLEVUE COLLEGE, ADDITIONALLY, EMERGENCY AID WAS

Form 990, Part III, Line 4c:

AWARDED TO 1 COLLEGE FACULTY AND/OR STAFF MEMBERS.

efile GRAPHIC print - DO NOT PRO		nt - DO NOT PROCESS	OCESS As Filed Data -				DLN: 93493130022131		
SCI	HED	ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047	
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019	
		the Treasury	► Go to <u>www.irs</u>	<u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection	
Nam	e of th	he organiza DLLEGE FOUND					Employer identific	ation number	
DELEC	VOL CC						91-1051671		
	rt I		for Public Charity State a private foundation because				See instructions.		
1	nganiz		onvention of churches, or as	•	•		(A)(i)		
2		•	,						
			scribed in section 170(b)(,				
3		·	or a cooperative hospital serv	_			-		
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
5	✓	(b)(1)(A)	ation operated for the benefi (iv). (Complete Part II.)	-				bed in section 170	
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).		
7			ation that normally receives (' 0(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in	
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ural research organization de rant college of agriculture. S					ege or university or a	
10		from activit	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross	
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).		
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a		
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar					
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its	
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar		
e		Check this	box if the organization received Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally	
f	Enter			· · · · · · · · · · · ·	-		<u> </u>		
g	Provi	de the follow	ing information about the su	pported organization(s).				
			in your governing document? monetary s (see inst		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No			
Tota		l. P. '	tion Act Notice, see the Ir		Cat. No. 11285		 Schedule A (Form 9	000 57) 5515	

	(ou final year basinging in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	1,510,260	2,591,759	2,470,077	2,651,240	3,202,840	12,426,176
	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to	206,998	214,658	198,560	157,846	135,31	913,375
	Total. Add lines 1 through 3	1,717,258	2,806,417	2,668,637	2,809,086	3,338,15	3 13,339,551
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						2,761,542
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5						10,578,009
_	from line 4. ection B. Total Support						
	Calendar year	(-) 201E	(1-) 2016	(-) 2017	(4) 2010	(-) 2010	(6) Tabal
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest,	1,717,258	2,806,417	2,668,637	2,809,086	3,338,15	13,339,551
8	dividends, payments received on	191,020	515,739	544,296	427.162	242.02	2 021 156
	securities loans, rents, royalties and	191,020	515,739	344,296	427,163	342,93	2,021,156
9	income from similar sources. Net income from unrelated business						-
•	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						15,360,707
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	477,284
13	First five years. If the Form 990 is fo	or the organization'	s first, second, th	ird, fourth, or fifth	tax year as a sec	tion 501(c)(3) or	ganization,
	check this box and stop here					▶	
S	ection C. Computation of Public						
14	Public support percentage for 2019 (lin	ne 6, column (f) di	vided by line 11, o	column (f))		14	68.860 %
15	Public support percentage for 2018 Sc					15	76.270 %
16a	33 1/3% support test—2019. If the	organization did n	ot check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check thi	
b	and stop here. The organization quali 33 1/3% support test—2018. If th						
	box and stop here. The organization						▶□
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization in Part VI how the organization meets						
	organization						▶ 🗆
b	10%-facts-and-circumstances tes	st—2018. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, c	or 17a, 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization'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						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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. 1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b 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. 3с

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. 4a 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

4b supervised by or in connection with its supported organizations. 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. 4c 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 5a amendment to the organizing document).

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? 5b

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
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.
```

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3	
Pa	rt IV Supporting Organizations (continued)				
_			Yes	No	
	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?				
		11a			
	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			
S	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-			
2	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	2			
	organization.				
S	ection C. Type II Supporting Organizations				
_			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of				
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).				
S	ection D. All Type III Supporting Organizations				
_			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing				
	documents in effect on the date of notification, to the extent not previously provided?				
2	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			
S	ection 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 instruct	ions):			
	The organization satisfied the Activities Test. Complete line 2 below.				
	b				
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No	
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a			
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's				
	involvement.	2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.				
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h			

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O			. Part VIV See	
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):	1			
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1 b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	Section C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			

	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	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

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

d Excess from 2018.

e Excess from 2019.

Additional Data

Software ID:

Software Version: EIN: 91-1051671

Name: BELLEVUE COLLEGE FOUNDATION

Schedule A ((Form 990 or 990-EZ) 2019 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493130022131

OMB No. 1545-0047

2019

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization		Employer identification number
BELI	LEVUE COLLEGE FOUNDATION		91-1051671
Pa	rt I Organizations Maintaining Donor Advi		r Accounts.
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
,	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
, L	Aggregate value at end of year		
•	Did the organization inform all donors and donor adviso	Lucio vuitina that the accete held in dones ad-	wined friends are the
,	organization's property, subject to the organization's ex		
; 	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose o	
Pai	rt II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education)	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	☐ Preservation of open space		
<u>.</u>	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histori	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
ŀ	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or terminated by t	he organization during the
ļ	Number of states where property subject to conservation	on easement is located 🗲	
j	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	he periodic monitoring, inspection, handling o	
			☐ Yes ☐ No
•	Staff and volunteer hours devoted to monitoring, inspect	cting, nandling of violations, and enforcing co	nservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting, \$\rightarrow\$\$	handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 17	'0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
,	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state	
ar	TIII Organizations Maintaining Collections Complete if the organization answered "Ye		er Similar Assets.
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	.6 (ASC 958), not to report in its revenue star public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	i)Assets included in Form 990, Part X		
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · ·	▶\$
b	Assets included in Form 990, Part X		·

Cat. No. 52283D

Schedule D (Form 990) 2019

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

-ci	Organizations Mainta	ining Collections of	of Art, His	STOFIC	cai ir	eas	ures, or c	tner	Similar As	sets (con	tinuea)	
3	Using the organization's acquisitio items (check all that apply):	n, accession, and other	records, cl	heck a	iny of	the f	ollowing tha	t are a	significant u	se of its co	llection	
а	Public exhibition			d		Loar	n or exchang	ge prog	rams			
b	Scholarly research			e		Othe	er					
c	Preservation for future gene	erations										
4	Provide a description of the organi Part XIII.		l explain ho	w the	y furth	ner th	e organizati	ion's ex	empt purpo	se in		
5	During the year, did the organizat assets to be sold to raise funds ra									☐ Yes	□ No	
Pa	rt IV Escrow and Custodial Complete if the organiz X, line 21.		" on Form	990,	Part	IV, I	ine 9, or r	eporte	d an amou	nt on For	m 990, Part	
1a	Is the organization an agent, trust included on Form 990, Part X?									Yes	□ No	_
b	If "Yes," explain the arrangement	in Part XIII and comple	ete the follo	wing t	table:				Aı	mount		
c	Beginning balance						1	lc				
d	Additions during the year						1	ld				
е	Distributions during the year						1	le				
f	Ending balance						📑	Lf				
2a	Did the organization include an an	nount on Form 990, Pai	rt X, line 21	., for e	scrow	or c	ustodial acc	ount lia	bility?	☐ Yes	□ No	
b	If "Yes," explain the arrangement	in Part XIII. Check her	e if the exp	lanatio	on has	beer	n provided in	n Part >	(III			
Pa	rt V Endowment Funds.											
	Complete if the organiz								(1) There is a second		·	
1a	Beginning of year balance	(a) Currei	,088,779	(b) Pr	or yea 9,614		(c) Two year	s back 363,098	(d) Three yea	308,403	Four years bac 6,992,7	_
	Contributions		,937,230			,828		344,222	·	961,927	68,60	_
	Net investment earnings, gains, and		-143,139			,093		599,565		760,926	-71,18	_
	Grants or scholarships		174,281		192	,669	:	108,952		99,308	127,6	<u></u>
e	Other expenditures for facilities and programs											_
f	Administrative expenses		99,703		82	,266		83,140		68,849	54,1	16
g	End of year balance	11	,608,886		10,088	3,779	9,6	514,793	8,3	363,098	6,808,40)3
2	Provide the estimated percentage	of the current year end	d balance (li	ine 1g	, colur	mn (a	a)) held as:					
а	Board designated or quasi-endown	ment 🟲										
b	Permanent endowment ► 87.0	000 %										
c	Temporarily restricted endowment	13.000 %										
	The percentages on lines 2a, 2b, a	· ·										
3а	Are there endowment funds not in organization by:	the possession of the	organizatio	n that	are he	eld aı	nd administe	ered for	r the		Yes No	_
	(i) unrelated organizations									3a(i		_
	(ii) related organizations									3a(ii) No	_
		=	-			?.				3b		_
4	Describe in Part XIII the intended		n's endown	nent fu	unds.							
Pa	rt VI Land, Buildings, and Complete if the organiz		" on Form	aan	Dart	T\/	ine 112 S	aa For	-m QQN Dai	rt V line	10	
		a) Cost or other basis (investment)	(b) Cost or								Book value	
1-	land						1					—
	Land						1					—
	Buildings						1					—
	Leasehold improvements											
a	Equipment						1					

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

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Fe	orm 990, Part IV, li	ne 11b	o.See Form 990, F	Part X, line 1	.2.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Metho Cost or end-of	d of valuation year market	
(1) Financia(2) Closely-	I derivatives					
(3) Other _ (A) DFA US	CORE EQUITY I	1,427,514			F	
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related. ▶	1,427,514				
	Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, li	ne 11c	. See Form 990, (b) Book value		d of valuation:
	(a) Description of investment			(b) book value	Cost or end	-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		Þ			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, lir	e 11d.	. See Form 990, Par		
	(a) Description ELD IN TRUST BY UNRELATED OUTSIDE ORGANIZATIONS	5			(6) 6	ook value 2,690,569
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	mn (b) must equal Form 990, Part X, col.(B) line 15.)					2,690,569
Part X	Other Liabilities.					
1.	Complete if the organization answered 'Yes' on Fo		<u>ie 11e</u>	or 11f.See Form	990, Part X,	(b) Book value
(1) Federal	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)	the feeting to the		ion's financial state		
•	or uncertain tax positions. In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 7-		-			

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2c Recoveries of prior year grants c d Other (Describe in Part XIII.) 2d 81.019

е 2e Subtract line **2e** from line **1** 3 3

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . 4a

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

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

4 b

Donated services and use of facilities

Schedule D (Form 990) 2019

b

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Add lines **4a** and **4b**

C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII

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

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total expenses and losses per audited financial statements

4b

2a

2b

2c

2d

4a 4b

Explanation

2b

31,923

135,313

81,020

31.923

2e

3

4c

5

135.313

4c

Page 4

3,321,503

-362,327

3,683,830

31,923

3,715,753

2,247,269

216,333

31,923

2.062.859

Schedule D (Form 990) 2019

2,030,936

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 91-1051671

Name: BELLEVUE COLLEGE FOUNDATION

Supplemental Information

Return Reference

Explanation

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT FUNDS IS TO PROVIDE CURRENT INCOME FOR THE PURPOSES OF FUNDING SCHOLARSHIPS AND OTHER PROGRAM ACTIVITIES.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INTERNALLY GENERATED CUSTODIAL FEES REMOVED FROM EXPENSES 81,020. ROUNDING -1.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RECLASSIFY INVESTMENT FEES FROM DIVIDENDS TO EXPENSE 31,923.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	INTERNALLY GENERATED CUSTODIAL FEES REMOVED FROM EXPENSES 81,020.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	RECLASSIFY INVESTMENT FEES FROM DIVIDENDS TO EXPENSE 31,923.

efile GRAPHIC print - DO N	OT PROCESS	As Filed Data -					DLN: 93493130022131
Note: To capture the full co	ntent of this de	ocument, please sel	ect landscape mode	e (11" x 8.5") whe	en printing.		-
Grants and Other Assistance to Organizations, Governments and Individuals in the United States					OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	Co		tion answered "Yes," o ▶ Attach to Form v.irs.gov/Form990 for	990.			Open to Public Inspection
Name of the organization BELLEVUE COLLEGE FOUNDATION						' '	identification number
						91-10516	71
Part I General Informat	tion on Grants	and Assistance					
	award the grants ization's procedur sistance to Dom	or assistance? es for monitoring the use	of grant funds in the Un d Domestic Governme	ited States.			✓ Yes
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista	
(1) BELLEVUE COLLEGE 3000 LANDERHOLM CIRCLE SE BELLEVUE, WA 98007	91-0819265	501(C)(1)	813,295				FUNDING BELLEVUE COLLEGE PROGRAMS, ACTIVITIES AND DEPARTMENTS TO ENABLE INNOVATIONS, ENHANCEMENTS AND EXCELLENCE.
2 Enter total number of section 3 Enter total number of other of	organizations listed	d in the line 1 table	listed in the line 1 table .				Schedule I (Form 990) 2019

(1)

AND STAFF

(3)

(4)

(5)

(6)

(7)

Part IV Return Reference

PART I, LINE 2:

SCHEDULE I, PART III

Part III can be duplicated if additional space is needed.

Explanation

TO A STUDENT.

Schedule I (Form 990) 2019

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

MONEY, AND ATTENDING THE EVENTS RELATED TO THE USE OF FUNDS.

(b) Number of

recipients

260

(e) Method of valuation (book,

FMV, appraisal, other)

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2019

SCHOLARSHIPS FOR TUITION AND CHILDCARE 87 64,859 SCHOLARSHIPS IN THE FORM OF **EMERGENCY AID** 13.500 (3) AWARDS TO BELLEVUE COLLEGE FACULTY

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(d) Amount of

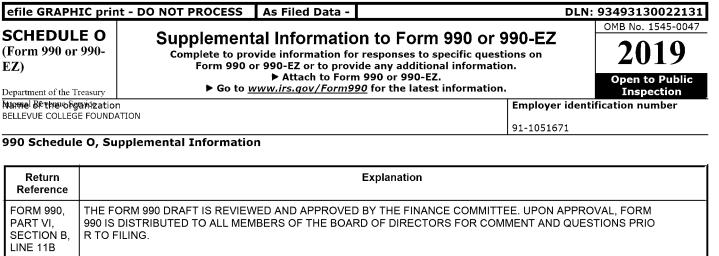
noncash assistance

RECIPIENTS OF GRANTS FROM THE BELLEVUE COLLEGE FOUNDATION ARE REQUIRED TO FILE REPORTS SUMMARIZING HOW FUNDS WERE USED AND EVALUATING THE PROJECT UPON COMPLETION. FOR MAJOR GRANTS, THE FOUNDATION STAFF, INCLUDING THE EXECUTIVE DIRECTOR, VERIFY THE ACTIVITY IN A VARIETY OF WAYS, INCLUDING, BUT NOT LIMITED TO VISITING THE PROGRAM, TOURING THE FACILITY, EXAMINING THE EQUIPMENT OR WITNESSING THE USE OF THE GRANT

PART III, ASSISTANCE TO INDIVIDUALS: SCHOLARSHIP AWARD PAYMENTS FOR TUITION, FEES AND BOOKS ARE REMITTED TO BELLEVUE COLLEGE. CHILDCARE SCHOLARSHIPS ARE PAID TO BELLEVUE COLLEGE AND OTHER PARTICIPATING CHILDCARE PROVIDER AGENCIES. EMERGENCY FUNDS IN INCREMENTS OF \$25-\$250 ARE PROVIDED DIRECTLY TO STUDENTS IN THE FORM OF PREPAID PAYMENT CARDS FOR URGENTLY NEEDED FOOD, TRANSPORTATION OR HOUSING. IN RARE CIRCUMSTANCES, EMERGENCY FUNDS OF UP TO \$500 MAY BE PAID TO A STUDENT OR TO A STUDENT'S LANDLORD OR OTHER PARTY THAT IS PROVIDING SERVICES

DLN: 93493130022131 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** BELLEVUE COLLEGE FOUNDATION 91-1051671 **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Method of determining Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles 23,694 GROSS PROCEEDS Boats and planes . . Intellectual property . . Securities-Publicly traded . 41,949 SALES PRICE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Oualified conservation contribution-Historic structures . . . Qualified conservation contribution-Other . Real estate—Residential Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . **20** Drugs and medical supplies 21 Taxidermy 22 Historical artifacts . . 23 Scientific specimens . 24 Archeological artifacts . 20,553 COST DONATED Χ 25 Other ▶ (SERVICES 26 Other ▶ (GREENS FEES) Χ 1 15,300 COST Χ 10 4,323 FMV-COMPARABLE SALES TANGIBLE 27 Other ▶ (GOODS 28 Other ▶ (_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)								
is reporting in Part I,	mation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization column (b), the number of contributions, the number of items received, or a combination of both. Also any additional information.							
Return Reference Explanation								
PART I, LINE 32B:	BELLEVUE COLLEGE FOUNDATION ("THE FOUNDATION")HAS CONTRACTED WITH A VEHICLE PROCESSOR ("PROCESSOR") TO RECEIVE, HANDLE AND SELL DONATED CARS AND TRUCKS. THE PROCESSOR ARRANGES EITHER TOWING OR PICK UP AND DELIVERY TO A VEHICLE AUCTION SITE. THE PROCESSOR ALSO IS RESPONSIBLE FOR FILING INTERNAL REVENUE SERVICE ("IRS") FORMS 1098-C AND MAILING THE FORMS TO THE DONORS, AS REQUIRED. AUCTION FEES, TOWING FEES, DMV FEES, AND THE PROCESSOR'S CONTRACTED SERVICE FEES ARE DEDUCTED FROM AUCTION PROCEEDS AND THE NET AMOUNT IS REMITTED TO THE FOUNDATION. THE FOUNDATION RECORDS GROSS AUCTION RECEIPTS AS CONTRIBUTION REVENUE AND THE RELATED COSTS AS FUNDRAISING EXPENSES.							
	Schedule M (Form 990) (2019)							



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, BOARD MEMBERS AND BOARD COMMITTEE MEMBERS, EXECUTIVE EMPLOYEES AND ANY OTHER MANAGER OR SUPERVISOR IDENTIFIED BY THE BOARD OF DIRECTORS ("BOD") OR BOARD PRESIDENT AS E XERCISING SUBSTANTIAL INFLUENCE OVER THE OPERATIONS OF THE BELLEVUE COLLEGE FOUNDATION ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONAIRE ("COI")ON AN ANNUAL BASIS. NEW B OARD MEMBERS ARE ASKED TO IMMEDIATELY SUBMIT THEIR COI FORMS. THE FOUNDATION REVIEWS AND R ETAINS THE COMPLETED COI FORMS AND INVESTIGATES INDENTIFIED CONFLICTS. THE FOUNDATION EXEC UTIVE DIRECTOR INVESTIGATES AND DISCLOSES TO THE BOD ALL CONFLICTS OF INTEREST REPORTED UN DER THIS POLICY. THE BOD EVALUATES DISCLOSURES AND MATERIAL FACTS RELATING TO THE TRANSACT ION OR ARRANGEMENT GIVING RISE TO THE POTENTIAL CONFLICT OF INTEREST TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS AND TO DEVELOP ALTERNATIVES TO REMOVE ANY CONFLICT FROM A TRANSACTION OR ARRANGEMENT. AN INDIVIDUAL WHO HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST SHALL NOT BE PRESENT FOR THIS DISCUSSION UNLESS REQUIRED TO MAKE A PRESENTATION, PROVIDE ADDITIONAL FACTS OR ANSWER QUESTIONS. RESOLUTION TO A DISCLOSED CONFLICT WILL BE BASED ON THE SPECIFIC FACTS AND CIRCUMSTANCES OF THE SITUATION AND MAY INCLUDE SUSPENSION FROM VOTING OR PARTICIPATING IN DECISIONS WITH REGARD TO THE CONFLICT TRANSACTION. EVERY B OARD MEETING AGENDA INCLUDES A WRITTEN STATEMENT ASKING BOARD MEMBERS TO INFORM BCF OF ANY CHANGES WHICH MAY PRESENT A POTENTIAL CONFLICT OF INTEREST AND TO SUBMIT UPDATED COI FORM S TO DOCUMENT THE CHANGES SO THEY MAY BE EVALUATED.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR OF BELLEVUE COLLEGE FOUNDATION IS SET AND REVISED NOT BY THE FOUNDATION BUT BY THE TRUSTEES OF BELLEVUE COLLEGE, A SEPA RATE BUT FINANCIALLY INTERRELATED PUBLIC AGENCY. THE EXECUTIVE DIRECTOR AND FINANCE DIRECT OR OF THE FOUNDATION ARE EMPLOYEES OF BELLEVUE COLLEGE AND PERFORM VARYING PERCENTAGES OF THEIR WORK FOR THE COLLEGE. THE FOUNDATION REIMBURSES THE COLLEGE FOR A PORTION OF EMPLOYE ES' TIME SPENT ON THE FOUNDATION'S WORK BUT DOES NOT SEPARATELY PROVIDE COMPENSATION DIREC TLY TO THE INDIVIDUALS. THE COLLEGE TRUSTEES BASE THEIR APPROVAL OF COMPENSATION ON SURVEY S OF THE RESPONSIBILITIES, DUTIES AND COMPENSATION OF PERSONS IN COMPARABLE POSITIONS INSI DE AND OUTSIDE THE SYSTEM OF WASHINGTON STATE COMMUNITY AND TECHNICAL COLLEGES, WASHINGTON STATE EMPLOYEES AS A WHOLE, AND THE BROADER SPECTRUM OF SIMILAR POSITIONS IN THE SEATTLE METROPOLITAN AREA. THIS PERIODIC SURVEY IS CONDUCTED BY A PROFESSIONAL FIRM SPECIALIZING IN THE AREA OF COMPENSATION REVIEWS. MEETINGS OF THE TRUSTEES ARE OPEN TO THE PUBLIC AND MINUTES ARE KEPT OF ALL ACTIONS.

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION C,
LINE 19

ALL APPLICABLE TAX FORMS - FORMS 1023 AND 990 ARE AVAILABLE UPON REQUEST IN OUR OFFICES DU
RING NORMAL BUSINESS HOURS. IN ADDITION, THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE FOR REVIEW UPON REQUEST IN OU
R OFFICE DURING NORMAL BUSINESS HOURS. SOME OR ALL OF THESE DOCUMENTS MAY ALSO BE AVAILABL
F AT OUR WEBSITE AT WWW BELL EVUECOLLEGE FOLL/FOLLIDATION

Return Explanation
Reference

FORM 990, THE FOUNDATION HAS NOT SPECIFICALLY ADOPTED A WHISTLEBLOWER POLICY BUT AS FOUNDATION OPERA PAGE 6, TIONS FALL UNDER STATE LAW RCW 42-40 WASHINGTON STATE WHISTLEBLOWER ACT, THE FOUNDATION'S SECTION B, BOARD HAS DETERMINED THAT THEY HAVE SUFFICIENTLY COMPLIED WITH THE WRITTEN WHISTLEBLOWER R LINE 13 FOUIREMENTS.

Return Reference	Explanation
FORM 990, PAGE 9, PART VIII, LINE 11A - EXTERNAL TRUST EARNINGS	INCOME FROM FUNDS HELD AND MANAGED BY OUTSIDE ORGANIZATION: THE SEATTLE FOUNDATION HOLDS, INVESTS AND MANAGES THE BAZ FUND ENDOWMENT FOR THE SOLE BENEFIT OF BELLEVUE COLLEGE FOUNDA TION IN SUPPORT OF STUDENT SCHOLARSHIPS AND PROGRAM ENHANCEMENTS IN THE BELLEVUE COLLEGE I NTERIOR DESIGN PROGRAM. THE SEATTLE FOUNDATION REPORTS THE CORPUS VALUE OF THE ENDOWMENT TO BE \$2,100,958. THE FUND IS INCLUDED AS PART OF "FUNDS HELD IN TRUST BY UNRELATED OUTSIDE ORGANIZATIONS" IN PART IX OF OTHER ASSETS ON SCHEDULE D. THE SEATTLE FOUNDATION REPORTS A CCUMULATED EARNINGS HELD WERE \$588,045 AT 6/30/20.

Return Explanation
Reference

FORM 990,	LUNCHEON EXPENSES: BELLEVUE COLLEGE FOUNDATION SPONSORS AN ANNUAL LUNCHEON TO SERVE AS A S
PAGE 10, PART	HOWCASE FOR BELLEVUE COLLEGE, ITS STUDENTS AND THEIR ACHIEVEMENTS AND AS AN OPPORTUNITY TO
IX, LINE 19 -	ENCOURAGE DONATIONS TO THE FOUNDATION. NO LUNCHEON WAS SPONSORED IN 2019 DUE TO COVID-19.
CONFERENCES,	
CONVENTIONS	
& MEETINGS	

990 Schedule O, Supplemental Information Return Explanation Reference ROUNDING -1.

FORM 990, PART XI, LINE 9:

Return Reference	Explanation
FORM 990, PAGE 11, PART XII, LINE 2C	AUDIT OVERSIGHT AND SELECTION OF INDEPENDENT ACCOUNTANT: THE PROCESS HAS NOT SUBSTANTIALLY CHANGED FROM THE PRIOR YEAR. THE FINANCE COMMITTEE ANNUALLY APPOINTS THE INDEPENDENT ACCO UNTING FIRM WHICH IS TO PERFORM THE AUDIT, MEETS WITH THE AUDITORS AND APPROVES THE AUDITE D FINANCIAL STATEMENTS. AT BOARD DISCRETION, THE BOARD OF DIRECTORS MAY ALSO MEET WITH THE AUDITORS AND REVIEW THE AUDITED FINANCIAL STATEMENTS.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

BELLEVUE COLLEGE FOUNDATION

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

OMB No. 1545-0047 2019

DLN: 93493130022131

Open to Public Inspection

Employer identification number

							91-1	.051671				
Part I Identification of Disregarded Entities. Complete	if the orgar	nization answe	ered "Yes	s" on Form	990, Part	IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) ivity Legal domicile or foreign co		(d) Cile (state Country)		(e) End-of-year assets		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization	ane Compl	ata if the arga	nization	angword	"Voc" on I	-orm 000	Dort 1	(V. line 24 be	2621166	it had one or	moro	
related tax-exempt organizations during the tax year.	ons. Compi											
(a) Name, address, and EIN of related organization	Prim	(b) (c) mary activity Legal domicile or foreign cou		micile (state	e (state buntry) (d) Exempt Code sect		(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(g) Section 512 (13) contro entity?	
(1)BELLEVUE COLLEGE 3000 LANDERSHOLM CIRCLE SE BELLEVUE, WA 980076484 91-0819265	UNIVERSIT EDUCATIO			WA	501(C)(1)		2		N/A		Yes	No No
												_
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t. No. 50135					Sche	edule R (Form	990) 20	019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ng income(rela unrelated excluded fr tax unde sections 51	ated, total incor d, rom er	f Share of end-of-year assets	(h) Disproprtionater allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	(k) rcentage ynership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organizations.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	/ -	- 000)	-

Page **3**

	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.		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
C	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) (d) Amount involved Method of determining	amount ir	nvolved	I

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1							Schedul	e R (Forn	1990	0) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Information								
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation							

Additional Data

Software ID: Software Version:

EIN: 91-1051671

Name: BELLEVUE COLLEGE FOUNDATION

В

В

0

0

Ν

Ν

409.682

13,500

119,185

532,893

16,128

9,688

SCHOLARSHIPS TO INDIVIDUALS WHO ATTEND BELLEVUE COLLEGE

SALARIES PAYROLL TAXES & BENEFITS FOR SHARED EMPLOYEES TO BELLEVUE COLLEGE

SALARIES PAYROLL TAXES & BENEFITS FOR SHARED EMPLOYEES TO BELLEVUE COLLEGE

AWARDS TO BELLEVUE COLLEGE FACULTY & STAFF

SHARED FACILITY COSTS - BELLEVUE COLLEGE

SHARED FACILITY COSTS - BELLEVUE COLLEGE

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GRANTS TO BELLEVUE COLLEGE	В	813,295	AUTHORIZED CASH DISTRIBUTIONS

AUTHORIZED CASH DISTRIBUTIONS ACTUAL AMOUNT PAID TO RECIPIENTS

UNREIMBURSED PORTION

ACTUAL AMOUNT PAID TO COLLEGE

ACTUAL AMOUNT PAID TO COLLEGE

UNREIMBURSED PORTION