			EXTENDED TO MAY 16, 202						
For	_ g	90	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod		ncome Tax	OMB No. 1545-0047			
1.01	 Do not enter social security numbers on this form as it may be made public. 								
Depa	artment	of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and the 	-	-	Open to Public Inspection			
					UN 30, 2021				
B	Check if applicat	C Name of	organization		D Employer identific	ation number			
	Addr		RALIA COLLEGE FOUNDATION						
F									
	Change Doing business as Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number								
	Final returr termi	n	CENTRALIA COLLEGE BLVD		360-736-9				
	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code RALIA, WA 98531		G Gross receipts \$	7,681,566.			
F	_lreturr ∏Appli		nd address of principal officer: CHRISTINE FOSSETT		H(a) Is this a group ref				
	_ltiòn pend	$\frac{1}{100}$ 600 C	ENTRALIA COLLEGE BLVD, CENTRALIA, WA	Δ 9	for subordinates? H(b) Are all subordinates ind				
<u> </u>	Tay.ov	empt status:		527		list. See instructions			
					H(c) Group exemption				
				I Year o		State of legal domicile: WA			
	art I					olato of logal dofinione, 112			
	1		e the organization's mission or most significant activities: CREATIN	NG O	PPORTUNITIES	J TO			
Governance	·	IMPROVE	STUDENTS' LIVES, ENABLE SUCCESS, AN	ND S	TRENGTHEN OU	JR			
rna	2		x if the organization discontinued its operations or disposed of the organization discontinued its operations or disposed of the organization discontinued its operations of the organization disconting dits operations of the organization disconting disconting discon						
ove	3		ing members of the governing body (Part VI, line 1a)		1 1	24			
Ğ	4		ependent voting members of the governing body (Part VI, line 1b)			24			
Activities &	5		of individuals employed in calendar year 2020 (Part V, line 2a)			0			
<u>viti</u>	6		of volunteers (estimate if necessary)			40			
\cti	7 a		d business revenue from Part VIII, column (C), line 12			0.			
~			business taxable income from Form 990-T, Part I, line 11			0.			
					Prior Year	Current Year			
ē	8	Contributions	and grants (Part VIII, line 1h)		2,419,774.	1,314,818.			
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.			
se v	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		229,223.	604,918.			
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,988.	24,632.			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,650,985.	1,944,368.			
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		432,815.	330,758.			
		•	to or for members (Part IX, column (A), line 4)		0.	0.			
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
ens	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b		ng expenses (Part IX, column (D), line 25)	_	450.000				
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		452,082.	591,513.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		884,897.	922,271.			
	19	Revenue less	expenses. Subtract line 18 from line 12		1,766,088.	1,022,097.			
Net Assets or Fund Balances	-	-			jinning of Current Year 22,059,034.	End of Year 27,138,900.			
Bala	20	Total assets (F		··· –					
let A ind	21		(Part X, line 26)		294,388. 21,764,646.	<u>212,030.</u> 26,926,870.			
	art II		fund balances. Subtract line 21 from line 20		41,104,040.	20,920,0/0.			
_		•	DIOCK I declare that I have examined this return, including accompanying schedules and	d atatam?	nte and to the heat of my	knowledge and belief it is			
			Declaration of preparer (other than officer) is based on all information of which p			KIIOWIEUYE AIIU DEIIEI, IL IS			
<u>ue</u>	, corre		שבטמומנוטון טו אובאמובו (טנוובו נוומון טוווכבו) וג שמצבע טון מון וווטרוומנוטון טו אוווכון א	hichaigi	nas any knowleuge.				

Sign		Signature of officer			Date						
Here		CHRISTINE FOSSETT, EXE	CUTIVE DIRECTOR								
		Type or print name and title									
Print/Type preparer's name Preparer's signature Date Check											
Paid	aid ED E. RAMOS, CPA P0060113										
Preparer	parer Firm's name ▶ DP&C Firm's EIN ▶ **-******										
Use Only											
	TACOMA, WA 98401-1614 Phone no.253.572.9922										
May the IRS discuss this return with the preparer shown above? See instructions											
032001 12-2	3-20	LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2020)						
C											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2020) CENTRALIA COLLEGE FOUNDATION **-***** Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE CENTRALIA COLLEGE FOUNDATION, FORMED IN 1982, RAISES MONEY IN
	SUPPORT OF CENTRALIA COLLEGE TO PROVIDE SCHOLARSHIP ASSISTANCE,
	FACULTY AND STAFF RECOGNITION, DEVELOPMENT AND ENRICHMENT PROGRAMS, AND RECOGNITION OF DISTINGUISHED ALUMNI.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(code:) (Expenses \$ 330,758 · including grants of \$ 330,758 ·) (Revenue \$ 0 ·)
чa	THE FOUNDATION PROVIDES SCHOLARSHIP AWARDS TO STUDENTS, STAFF, AND
	FACULTY. SCHOLARSHIPS FOR STUDENTS PROVIDE FINANCIAL ASSISTANCE TOWARD
	TUITION AND FEES. SCHOLARSHIPS AND AWARDS FOR STAFF AND FACULTY PROVIDE
	EQUIPMENT FOR PROVIDING SERVICES OR INSTRUCTION, OR FUNDS FOR
	PROFESSIONAL DEVELOPMENT OR ENRICHMENT.
4b	(Code:) (Expenses \$ 273, 169. including grants of \$) (Revenue \$)
	THE FOUNDATION PROVIDES SUPPORT FOR COLLEGE PROGRAMS AND DEPARTMENTS
	THROUGH THE PURCHASE OF EQUIPMENT, SOFTWARE, MACHINERY AND OTHER
	NECESSARY ITEMS IN ORDER TO ENHANCE COLLEGE SERVICES OR IMPROVE
	OPPORTUNITIES FOR STUDENTS' EDUCATIONAL EXPERIENCE.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 603,927.
	Form 990 (2020)
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~ - 4	3

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Form	990	(2020)

Part IV Checklist of Required Schedules

CENTRALIA COLLEGE FOUNDATION

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1	21	
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	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			x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 23
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	L	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	<u> </u>		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
~~	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Part V, line 1	34		x
35 a		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-		
02000	(gambling) winnings to prize winners?	Eorm	990	(2020)
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Form 990	(2020)	CENTRALIA	COLLEGE	FOUNDATION	
Part V	Statements	Regarding Other	IRS Filings	and Tax Complia	nce (continued)

CENTRALIA COLLEGE FOUNDATION

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v			
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
7	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	70		x			
a h	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 7b					
D O	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70					
C	to file Form 8282?	7c		x			
d		10					
۵ ۵	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g							
h							
8							
	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:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	46					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120					
a	Is the organization licensed to issue qualified health plans in more than one state?	13a					
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the						
5	organization is licensed to issue qualified health plans 13b						
c	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		x			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2020)

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Form 990 (2020)

CENTRALIA COLLEGE FOUNDATION

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

-**** Page 6

Χ

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

e number of voting members of the governing body at the end of the tax year	e direct supervision 190 was filed? 5ets? 5ppoint one or			
gated broad authority to an executive committee or similar committee, explain on Schedule 0. a number of voting members included on line 1a, above, who are independent	o with any other e direct supervision 190 was filed? sets?	2		
e number of voting members included on line 1a, above, who are independent	o with any other e direct supervision 190 was filed? sets?	2		
officer, director, trustee, or key employee have a family relationship or a business relationship birector, trustee, or key employee? organization delegate control over management duties customarily performed by or under the rs, directors, trustees, or key employees to a management company or other person? organization make any significant changes to its governing documents since the prior Form 9 organization become aware during the year of a significant diversion of the organization's ass organization have members or stockholders? organization have members, stockholders, or other persons who had the power to elect or ap embers of the governing body? governance decisions of the organization reserved to (or subject to approval by) members, st other than the governing body?	o with any other e direct supervision 190 was filed? sets?	2		
lirector, trustee, or key employee? organization delegate control over management duties customarily performed by or under the s, directors, trustees, or key employees to a management company or other person? organization make any significant changes to its governing documents since the prior Form 9 organization become aware during the year of a significant diversion of the organization's ass organization have members or stockholders? organization have members, stockholders, or other persons who had the power to elect or ap mbers of the governing body? governance decisions of the organization reserved to (or subject to approval by) members, st other than the governing body? ganization contemporaneously document the meetings held or written actions undertaken during the year	e direct supervision 190 was filed? 5ets? 5ppoint one or	3		
organization delegate control over management duties customarily performed by or under the rs, directors, trustees, or key employees to a management company or other person?	e direct supervision 90 was filed? sets? ppoint one or	3		
rs, directors, trustees, or key employees to a management company or other person?	90 was filed? sets? ppoint one or			2
organization make any significant changes to its governing documents since the prior Form 9 organization become aware during the year of a significant diversion of the organization's ass organization have members or stockholders? organization have members, stockholders, or other persons who had the power to elect or ap embers of the governing body? governance decisions of the organization reserved to (or subject to approval by) members, st other than the governing body? ganization contemporaneously document the meetings held or written actions undertaken during the yea	90 was filed? sets? opoint one or		1 1	_
organization become aware during the year of a significant diversion of the organization's assorganization have members or stockholders? organization have members, stockholders, or other persons who had the power to elect or approver the governing body? governance decisions of the organization reserved to (or subject to approval by) members, stocher than the governing body? ganization contemporaneously document the meetings held or written actions undertaken during the year	sets?	4		X
organization have members or stockholders? organization have members, stockholders, or other persons who had the power to elect or ap organization have members, stockholders, or other persons who had the power to elect or ap mbers of the governing body? governance decisions of the organization reserved to (or subject to approval by) members, st other than the governing body? ganization contemporaneously document the meetings held or written actions undertaken during the year	ppoint one or			X
organization have members, stockholders, or other persons who had the power to elect or ap mbers of the governing body? governance decisions of the organization reserved to (or subject to approval by) members, st other than the governing body? ganization contemporaneously document the meetings held or written actions undertaken during the yea	ppoint one or	5		Σ
mbers of the governing body? governance decisions of the organization reserved to (or subject to approval by) members, st other than the governing body? ganization contemporaneously document the meetings held or written actions undertaken during the yea		6		Х
other than the governing body? ganization contemporaneously document the meetings held or written actions undertaken during the yea		7a		X
ganization contemporaneously document the meetings held or written actions undertaken during the yea				
ganization contemporaneously document the meetings held or written actions undertaken during the yea		7b		Х
erning body?		8a	Х	
mmittee with authority to act on behalf of the governing body?		8b	Х	
any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the			
tion's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
			Yes	N
organization have local chapters, branches, or affiliates?		10a		Σ
did the organization have written policies and procedures governing the activities of such ch	• • •			
nches to ensure their operations are consistent with the organization's exempt purposes? \dots		10b		
organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the form?	11a	Х	
in Schedule O the process, if any, used by the organization to review this Form 990.				
organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
cers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х	
organization regularly and consistently monitor and enforce compliance with the policy? If "Ye lule O how this was done		12c	x	1
organization have a written whistleblower policy?		13		Х
organization have a written document retention and destruction policy?		14		Σ
process for determining compensation of the following persons include a review and approva	al by independent			
comparability data, and contemporaneous substantiation of the deliberation and decision?				
nization's CEO, Executive Director, or top management official		15a		Х
ficers or key employees of the organization		15b		Σ
to line 15a or 15b, describe the process in Schedule O (see instructions).				
organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
entity during the year?		16a		Х
did the organization follow a written policy or procedure requiring the organization to evaluat	te its participation			
enture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
status with respect to such arrangements?		16b		
Disclosure				
states with which a copy of this Form 990 is required to be filed \blacktriangleright WA				
6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (Section 501(c)(3	3)s only	/) avail	abl
oro-requires an organization to make its ronnis 1025 (1024 OF 1024-A, il applicable), 990, al	on Schedule O)			
c inspection. Indicate how you made these available. Check all that apply.	onflict of interest policy, ar	nd finar	ncial	
c inspection. Indicate how you made these available. Check all that apply				
c inspection. Indicate how you made these available. Check all that apply. vn website X Another's website X Upon request Other <i>(explain</i>)	oke and records			
c inspection. Indicate how you made these available. Check all that apply. wn website X Another's website X Upon request Other <i>(explain for the second or </i>	una anu recurus 📂			
c inspection. Indicate how you made these available. Check all that apply. wn website X Another's website X Upon request Other <i>(explain for the second or </i>				
c inspection. Indicate how you made these available. Check all that apply. wn website X Another's website X Upon request Other <i>(explain for the second or </i>			000	(20
v v	nome address and telephone number of the percent who percented the organization's bo		CENTRALIA COLLEGE FOUNDATION - 360-623-8407	RALIA COLLEGE FOUNDATION - 360-623-8407

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average Position (do not check more than one			one	Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1		from	from related	other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-271033-10100)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee	In stitutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) JOE DOLEZAL	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) JOHN KLUMPER	1.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(3) MICHELLE DAVIS	1.00									
TREASURER		X		X				0.	0.	0.
(4) DR. ROBERT MOHRBACHER	1.00									
SECRETARY		X		Х				0.	0.	0.
(5) REBECCA MCGEE	1.00									
DIRECTOR AT LARGE		X						0.	0.	0.
(6) DWAYNE ABERLE	1.00									
DIRECTOR		X						0.	0.	0.
(7) JOHN BRAUN	1.00									
DIRECTOR		X						0.	0.	0.
(8) RENEE CORWIN-REY	1.00									
DIRECTOR		X						0.	0.	0.
(9) ARNY DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BRIAN WATSON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JOE ENBODY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CHUCK HIGGINS	1.00									
DIRECTOR AT LARGE		Х						0.	0.	0.
(13) JULIE LIND	1.00									
DIRECTOR		Х						0.	0.	0.
(14) TINA MERTEN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) LISA PERRY	1.00									
DIRECTOR		Х						0.	0.	0.
(16) VICKI POGORELC	1.00									
DIRECTOR		X						0.	0.	0.
(17) PHYLLIS SCHWIESOW	1.00									
DIRECTOR		Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

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032007 12-23-20

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Form **990** (2020)

Form	990 (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E)										(F)			
Name and title	Average	(do	not ch		ition		one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unles	ss pe	rson	is bot	h an	compensation	compensation		am	nount	of
	week	<u> </u>	cer and	dad	recto	or/trus	tee)	from	from related			other	
	(list any hours for	irecto						the	organizations			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	, I		om the anizati	
	organizations	ruste	ll trus		ee	mpen		(00-2/1033-10130)			•	d relate	
	below	Individual trustee or director	Institutional trustee	1	Key employee	est co o yee	er					nizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) JIM SHERRILL	1.00												
DIRECTOR		Х						0.	().			0.
(19) JASON VATNE	1.00												-
DIRECTOR		Х						0.	().			0.
(20) RODNEY YOUCKTON	1.00												
DIRECTOR		X						0.	().			0.
(21) BRUCE HANSEN	1.00												•
DIRECTOR	1 00	X						0.	().			0.
(22) MARRIANNE SCHUMACHER	1.00	.,											•
DIRECTOR	1 00	X						0.	().			0.
(23) BRENDAN VANDERVELDE	1.00												0
DIRECTOR	1 00	X						0.	l).			0.
(24) PETER ABBARNO	1.00	x						0.	() .			0.
DIRECTOR	40.00							0.	(·			0.
(25) CHRISTINE FOSSETT EXECUTIVE DIRECTOR	40.00			х				0.	() .			0.
EXECUTIVE DIRECTOR				~				0.		<u>'</u> +			0.
1b Subtotal				-		5		0.	(0.
1b Subtotal c Total from continuation sheets to Part V								0.		5.			0.
d Total (add lines 1b and 1c)								0.		5.			0.
2 Total number of individuals (including but r								-					
compensation from the organization		1000		a u		o)	10 1						0
												Yes	No
3 Did the organization list any former officer	director, trust	ee, I	key e	mp	loye	e, o	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-		4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion fi	rom	any	/ unr	elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes, " con	nplete Schedul	e J f	or su	ich j	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated inc	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of comp	ensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endir	ng v	vith	or w	ithir	n the organization's tax	/ear.				
(A) Name and business	addroop	37/	NTT	-				(B)	onvioco	~	(C		-
	address	NC	ONE	5			_	Description of s	ervices		Inper	nsatio	<u> </u>
							_						
							_						
							+						
							+						
2 Total number of independent contractors (including but n	ot li	mited	d to	tho	se lis	stec	above) who received m	ore than				
\$100,000 of compensation from the organ	ization 🕨				(0							

\$100,000 of compensation from the organization

Form **990** (2020)

032008 12-23-20

Form 990 (20	20)	CENTRALIA	COLLEGE	FOUNDATION
Part VIII	Statement	of Revenue		

Total revenue Fuldad or exempt Unction evenue Operation of the mode pactors bit 2 = 34 1 a b Monteership dues 1 a b b b 1 a b b 1 a b 1			Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
Business Code Business Code 2 a						Related or exempt		Revenue excluded from tax under
Business Code Business Code 2 a	ts ts	1 a	Federated campaigns					
Business Code Business Code 2 a	un a							
Business Code Business Code 2 a	٥Ĕ			46 406				
Business Code Business Code 2 a	r A							
Business Code Business Code 2 a	ja Gi							
Business Code Business Code 2 a	Sin							
Business Code Business Code 2 a	e E	f	All other contributions, gifts, grants, and					
Business Code Business Code 2 a	ĔĔ		similar amounts not included above 1f	1,268,412.				
Business Code Business Code 2 a	d d	ç	Noncash contributions included in lines 1a-1f	7,837.				
Business Code Business Code 2 a	a C	ł	Total. Add lines 1a-1f	►	1,314,818.			
9 Total. Add lines 2a.2f 3 trivestment income (including dividends, interest, and other similar amounts) 31,146. 4 income from investment of tax exempt bond proceeds 31,146. 5 Royaties 0 6 a Gross rents 6a 6a 30,616. 30,616. 7 a Gross amount from sales of assets other than income or (loss) 30,616. 7 a Gross amount from sales of assets other than income or (loss) 0) Securities 7 5,73,772. 573,772. 6 Calin or (loss) 7a 5,73,772. 7 5,73,772. 573,772. 7 5,73,772. 573,772. 8 A Gross income from fundraising events not including \$ 46,405. of contributions reported on line 10). See See 9 Gross alse of inventory, lass returns and allowances. See See 9 Gross alse of inventory, less returns and allowances. See See 9 Gross alse of inventory, less returns and allowances. See See 9 Gross alse of inventory, less returns and allowances. See See 9			В	usiness Code				
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d Net rental income or (loss) 30,616. 30,616. 7 a Gross amount from sales of assets other than inventory iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				-				
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses (iii) 5, 731, 214. (iii) 5, 731, 214. c Gain or (loss) 7b 5, 731, 214. 573, 772. 573, 772. 8 a Gross income from fundraising events (not including \$\$_46,406. of contributions reported on line 10). See Part IV, line 18 8a 0. b Less: clirect expenses 8a 0. 8a 0. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 b Less: clirect expenses 9a 9 a Gross alses of inventory, less returns and allowances 9a 9 a Gross alses of inventory, less returns and allowances 10a 10 a Gross alse of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 9a 9b 0a 9a 0a 0a 9a 0a 0a 9a 0a 0a 9b 0a 0a 0a dil other revenue 0a 0a c All dother revenue					20.616			20.616
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contributions reported on line 1c). See Ba 0. b Less: direct expenses Bb 5,984. c Net income or (loss) from fundraising events -5,984. -5,984. 9 Gross income from gaming activities. See 9a -5,984. 9 Gross income from gaming activities. See 9a -5,984. 0 Less: direct expenses 9b -5,984. 10 Gross sales of inventory, less returns and allowances 10a -5 b Less: cost of goods sold 10b -5 c Net income or (loss) from sales of inventory -5 9 Business Code -5 9 Business Code -5 11 Business Code -5 11 -5 -5 12 Total revenue. See instructions 1,944,368. 0. 0.	en		and sales expenses 7b 5,731,214.					
contributions reported on line 1c). See Ba 0. b Less: direct expenses Bb 5,984. c Net income or (loss) from fundraising events -5,984. -5,984. 9 Gross income from gaming activities. See 9a -5,984. 9 Gross income from gaming activities. See 9a -5,984. 0 Less: direct expenses 9b -5,984. 10 Gross sales of inventory, less returns and allowances 10a -5 b Less: cost of goods sold 10b -5 c Net income or (loss) from sales of inventory -5 9 Business Code -5 9 Business Code -5 11 Business Code -5 11 -5 -5 12 Total revenue. See instructions 1,944,368. 0. 0.	l je	c	Gain or (loss) 7c 573,772.					
contributions reported on line 1c). See Ba 0. b Less: direct expenses Bb 5,984. c Net income or (loss) from fundraising events -5,984. -5,984. 9 Gross income from gaming activities. See 9a -5,984. 9 Gross income from gaming activities. See 9a -5,984. 0 Less: direct expenses 9b -5,984. 10 Gross sales of inventory, less returns and allowances 10a -5 b Less: cost of goods sold 10b -5 c Net income or (loss) from sales of inventory -5 9 Business Code -5 9 Business Code -5 11 Business Code -5 11 -5 -5 12 Total revenue. See instructions 1,944,368. 0. 0.	Be		1 Net gain or (loss)		573,772.			573,772.
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c Net income or (loss) from fundraising events -5,984. 9 a Gross income from gaming activities. See 9a Part IV, line 19 9a b Less: direct expenses 9b								
9 a Gross income from gaming activities. See 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory > b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory > songeneous 10a 10b c All other revenue c Total. Add lines 11a-11d > 1, 944, 368. 0. 0. 629, 550.		k	b Less: direct expenses 8b	5,984.				
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities and allowances 10a b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory. b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory l11 a Business Code c All other revenue c All other revenue e Total. Add lines 11a-11d l12 Total revenue. See instructions		c	Net income or (loss) from fundraising events	🕨	-5,984.			-5,984.
b Less: direct expenses 9b 0 c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances 10a 10b 0 b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory ► 11 a b 0 c d All other revenue e Total. Add lines 11a-11d 1 12 Total revenue. See instructions 1, 944, 368. 0. 0. 629, 550.		9 a	a Gross income from gaming activities. See					
b Less: direct expenses 9b 0 c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances 10a 10b 0 b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory ► 11 a b 0 c d All other revenue e Total. Add lines 11a-11d 1 12 Total revenue. See instructions 1, 944, 368. 0. 0. 629, 550.			Part IV, line 19 9a					
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10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b c 11 a b c c d All other revenue e Total revenue. See instructions 10, a 11, a 12, b								
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code 11 a Business Code c Image: Code c Image: Code d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions				F				
b Less: cost of goods sold 10b ► − ► ► − ► ► − ► ► − ► ► − ► ► ► ► − ► ► − ► − − ► −		10 2	-					
c Net income or (loss) from sales of inventory Image: Construction of the sales of the								
Business Code Main Main 11 a								
11 a	$ \rightarrow $	C		····· ►				
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 1,944,368. 0. 0. 629,550.	s		В	usiness Code				
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 1,944,368. 0. 0. 629,550.	eor	11 a	a					
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e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 1,944,368. 0. 0. 629,550.	ЗЯ							
12 Total revenue. See instructions 1,944,368. 0. 0. 629,550.	2							
					1 944 368	0	0	629 550
	02200				_,,,,	••		Form 990 (2020)

10

Part IX Statement of Functional Expenses

CENTRALIA COLLEGE FOUNDATION

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D -	Check if Schedule O contains a response the tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	330,758.	330,758.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
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			~	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes				
11	Fees for services (nonemployees):				
'' a	Management				
b					
	Accounting	25,574.		25,574.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	3,998.	2,476.	1,452.	70.
13	Office expenses	12,454.	9,651.	1,667.	1,136
14	Information technology				
15	Royalties	E 0E1	E 0E1		
16	Occupancy	5,951. 677.	5,951. 92.	356.	229
17	Travel	077.	94.	550.	229
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	~			
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	70,757.	70,757.		
22 23		9,855.	6,294.	3,561.	
23 24	Other expenses. Itemize expenses not covered	2,000	.,		
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PURCHASED AND IN-KIND S	294,907.	131,043.	163,561.	303
b	OTHER GOODS AND SERVICE	116,243.	27,247.	87,949.	1,047
с	PRINTING AND PUBLICATIO	38,490.	1,067.	37,423.	
d	SMALL EQUIPMENT PURCHAS	18,591.	18,591.		
е	All other expenses	-5,984.		-3,199.	-2,785
25	Total functional expenses. Add lines 1 through 24e	922,271.	603,927.	318,344.	0 .
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 Fight and following SOP 98-2 (ASC 958-720)				

09271206 748456 03043

09271206 748456 03043

4,478,928.

17,285,718.

21,764,646.

22,059,034.

27

28

29

30

31

32

33

6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 86,619. 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 4,595,216. basis. Complete Part VI of Schedule D _____ 10a 865,884. 1,138,455. 3,729,332. b Less: accumulated depreciation _____ 10b 10c 17,465,210. 22,006,440. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 851,943. Other assets. See Part IV, line 11 15 15 22,059,034. 27,138,900. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 251,480. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 42,908. 25 of Schedule D 294,388. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀

CENTRALIA COLLEGE FOUNDATION Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disgualified persons (as defined

(B)

1,128,062.

81,990.

57,895.

135,181.

184,153.

27,877.

212,030.

4,829,798.

22,097,072.

26,926,870.

27,138,900.

Form 990 (2020)

End of year

(A)

Beginning of year

2,515,807.

1,000.

1

2

3

4

5

1

2

3

4

6

Assets

-iabilities

Net Assets or Fund Balances

27

28

29

30 31

32

33

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets without donor restrictions

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Form	n 990 (2020) CENTRALIA COLLEGE FOUNDATION	**_**	****	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,944	$\frac{1,3}{1}$	68.
2	Total expenses (must equal Part IX, column (A), line 25)	2	922		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,022		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,764		
5	Net unrealized gains (losses) on investments	5	4,140),1	27.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	26,926	5,8	70.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>x</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form ⁵	aan ((2020)

SCHEDULE A	
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Department of the Treasury

(Form 9	90 or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the or	ganization
----------------	------------

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Inspection					
Name of the organization Employer identificat							identification number						
			CENT	RALIA COLL	EGE FOUNDATI	ON			*	*_****			
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must o	complete t	his part.) S	See instruction	ns.				
The	organ	nization is not a	a private found	dation because it is: ((For lines 1 through 12, o	check only	one box.)						
1		A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1)(A)(i).					
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)						
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).					
4		A medical res	search organiz	ation operated in co	njunction with a hospita	l describe	d in sectic	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,			
		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
5		An organizat	ion operated f	or the benefit of a co	ollege or university owne	d or opera	ited by a g	overnmental	unit descrik	oed in			
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, sta	ate, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A))(v).					
7	X	An organizat	ion that norma	ally receives a substa	antial part of its support	from a gov	/ernmenta	l unit or from	the general	public described in			
		section 170	b)(1)(A)(vi). (C	omplete Part II.)									
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultur	al research or	ganization described	l in section 170(b)(1)(A)	(ix) operat	ed in conji	unction with a	land-grant	college			
		or university	or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	je or			
		university:											
10		An organizat	ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from			
		activities rela	ted to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	o more tha	n 33 1/3% of	its support	from gross investment			
		income and u	unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.			
				mplete Part III.)									
11		An organizat	ion organized	and operated exclus	ively to test for public sa	afety. See	section 5	09(a)(4).					
12		-	-		ively for the benefit of, t				-				
					ed in section 509(a)(1) o					Check the box in			
		-			of supporting organizatio								
а					supervised, or controlled								
			-		gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting			
	_			complete Part IV, Se									
b					d or controlled in connec			-		-			
			-		anization vested in the s	same perso	ons that c	ontrol or mana	age the sup	oported			
_				st complete Part IV,									
с		••	-		g organization operated				ally integrat	ea with,			
ام		-	-		s). You must complete				أحرج والمحاصر				
d			-		porting organization oper				-				
			-		zation generally must sa	•		-	d an attent	iveness			
е					mplete Part IV, Sections written determination fro								
e			Ũ		mally integrated support			а турет, туре	; п, туре п				
f	Ente				many integrated support								
g				n about the supporte									
9		(i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other			
		organizatior	ı		(described on lines 1-10	Yes	No	support (see ii	nstructions)	support (see instructions)			
					above (see instructions))								

Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990 EZ) 2020 CENTRALIA COLLEGE FOUNDATION

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	836,902.	714,194.	2,070,609.	2,419,774.	1,314,818.	7,356,297.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots		273,391.		139,952.	123,486.	1,098,682.
4	Total. Add lines 1 through 3	1,008,772.	987,585.	2,460,592.	2,559,726.	1,438,304.	8,454,979.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,611,941.
6	Public support. Subtract line 5 from line 4.						5,843,038.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,008,772.	987,585.	2,460,592.	2,559,726.	1,438,304.	8,454,979.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	767,198.	359,731.	392,503.	22,952.	61,762.	1,604,146.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			29,109.	6,931.		36,040.
11	Total support. Add lines 7 through 10						10,095,165.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)	
_	organization, check this box and stor						
-	ction C. Computation of Publ						
	Public support percentage for 2020 (14	57.88 %
	Public support percentage from 2019					15	51.98 %
1 6a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organization	ation
	meets the facts-and-circumstances te	•	•		•		
b	o 10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	edule A (Form 990	or 990-F7) 2020

032022 01-25-21

09271206 748456 03043

Schedule A (Form 990 or 990-EZ) 2020 CENTRALIA COLLEGE FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2016 (b) 2017 (c) 2018 (d) 2019 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 (a) 2016 (b) 2017 (c) 2018 (d) 2019 3 Gross receipts from activities that are not an unrelated trade or business under section 513 (a) 2016 (b) 2017 (c) 2018 (d) 2019 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf (a) 2016 (b) 2017 (c) 2018 (d) 2019 5 The value of services or facilities furnished by a governmental unit to the organization without charge (c) 2018 (c) 2018 (d) 2019 6 Total. Add lines 1 through 5 (c) 2018 (c) 2018 (c) 2018 (c) 2018 (c) 2018 7a Amounts included on lines 1, 2, and (c) 2018 (c) 2018	(e) 2020 (f) Total (f) Total
membership fees received. (Do not include any "unusual grants.")	
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 a Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 	
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Image: Constraint of the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Image: Constraint of the organization's benefit and either paid to or expended on its behalf 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: Constraint of the organization without charge 5 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the organization without charge 6 Total. Add lines 1 through 5 Image: Constraint of the organization or expended on its behalf	
3 Gross receipts from activities that are not an unrelated trade or business under section 513 Image: Constraint of the organization's benefit and either paid to or expended on its behalf 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: Constraint of 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 Image: Constraint of the organization without charge 6 Total. Add lines 1 through 5 Image: Constraint of the organization without charge	
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5	
iness under section 513	
 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 	
 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 	
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 	
furnished by a governmental unit to the organization without charge	
the organization without charge	
6 Total. Add lines 1 through 5	
3 received from disgualified persons	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	
c Add lines 7a and 7b	
8 Public support. (Subtract line 7c from line 6.)	
Section B. Total Support	
	(e) 2020 (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	
c Add lines 10a and 10b	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	
13 Total support. (Add lines 9, 10c, 11, and 12.)	
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c	c)(3) organization,
check this box and stop here	> □
Section C. Computation of Public Support Percentage	
15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	%
	%
16 Public support percentage from 2019 Schedule A, Part III, line 15 16	
16 Public support percentage from 2019 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 16	%
	-
Section D. Computation of Investment Income Percentage	
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17	%
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18	% 3% , and line 17 is not
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3	3%, and line 17 is not
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 1/3 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 17	% 3%, and line 17 is not
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than	% 3%, and line 17 is not

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Schedule A (Form 990 or 990-EZ) 2020 CENTRALIA COLLEGE FOUNDATION

_***** Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 CENTRALIA COLLEGE FOUNDATION

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	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 officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C	. Type I	Supporting	Organizations	

Part IV Supporting Organizations (continued)

		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

Yes No

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Schedule A (Form 990 or 990-EZ) 2020 CENTRALIA COLLEGE FOUNDATION

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 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 Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for produ	iction or		
collection of gross income or for management, conserva	tion, 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 lin	e 4) 8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets	s (see		
instructions for short tax year or assets held for part of y	rear):		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 of line 3	(for greater amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from	n line 3) 5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8	3, column A) 1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, lin	e 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, unles	s subject to		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's	first as a non-functionally integr	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 CENTRALIA COLLEGE FOUNDATION

га	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ed)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	S	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020 CE	NTRALIA COLLEG	E FOUNDATION	**-***** Pa
Part VI	Supplemental Informati Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2	On. Provide the explanation 9, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c 2 and 3; Part IV, Section E, lir	is required by Part II, line 10; Pa c, 11a, 11b, and 11c; Part IV, Se nes 1c, 2a, 2b, 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V
	Section D, lines 5, 6, and 8; and (See instructions.)	Part V, Section E, lines 2, 5	, and 6. Also complete this part	for any additional information.
			7	
32028 01-25-2	1			Schedule A (Form 990 or 990-EZ)

Schedule A

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2020

	** Do Not File **	
***	Not Open to Public Inspection	***

Contributor's Name	Total Contributions	Excess Contributions
TRANSALTA CENTRALIA COAL TRANSITION	1,300,000.	1,098,097.
CHEHALIS FOUNDATION	548,147.	346,244.
DR. RICHARD PHILLIPS	1,242,309.	1,040,406.
BOB THOMPSON	300,000.	98,097.
SUSAN M DUNN	231,000.	29,097.
Total Excess Contributions to Schedule A, Part II, Line 5		2,611,941.

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

CENTRALIA COLLEGE FOUNDATION

OMB No. 1545-0047

2020

Employer identification number

*	*	_	*	*	*	*	*	*	*	

N	lame	of	the	organ	izati	on

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Page 2 Employer identification number

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CENTRALIA COLLEGE FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>1</u>	BILL C WATERSON 8810 EMERALD ST ANCHORAGE, AK 99502-5129	\$ <u>29,525.</u>	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	<u>C JEAN WHEELER</u> 1316 WILDWOOD AVE NE NAPAVINE, WA 98565	\$ 29,700.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	CHEHALIS FOUNDATION PO BOX 1608 CHEHALIS, WA 98532	\$ <u>159,397.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	CHARLES B HIGGINS 102 FERN DR CENTRALIA, WA 98531	\$40,500.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	DAVID FICK <u>354 RIVER HEIGHTS RD</u> <u>CENTRALIA, WA 98531</u>	\$44,934.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>6</u> 023452 11-2	HASKINS FAMILY CHARITABLE FUND 5720 JENSEN RD STANWOOD, WA 98292-6402	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

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Employer identification number

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CENTRALIA COLLEGE FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (h) Т (0)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JUDITH GREELEY HENDRICKSON 104 MIRROR LAKE CT CARY, NC 27513-3454	\$38,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SUSAN M DUNN 13531 NORTHSHIRE RD NW SEATTLE, WA 98177	\$ 101,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	THE SEATTLE FOUNDATION 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98531-4035	\$40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 LINCOLN CREEK LUMBER 1621 HARRISON AVE	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
<u>No.</u> <u>10</u> (a)	Name, address, and ZIP + 4 LINCOLN CREEK LUMBER 1621 HARRISON AVE CENTRALIA, WA 98531-4597 (b)	Total contributions \$ 100,000. (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 10 (a) No.	Name, address, and ZIP + 4 LINCOLN CREEK LUMBER 1621 HARRISON AVE CENTRALIA, WA 98531-4597 (b) Name, address, and ZIP + 4 MODERN MACHINERY PO BOX 16660	Total contributions \$ 100,000. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person Image: Complete Part II for noncash Noncash X (d) Type of contribution Person Image: Complete Part II for noncash Noncash X (Complete Part II for
No. 10 (a) No. 11 (a)	Name, address, and ZIP + 4 LINCOLN CREEK LUMBER 1621 HARRISON AVE CENTRALIA, WA 98531-4597 (b) Name, address, and ZIP + 4 MODERN MACHINERY PO BOX 16660 MISSOULA, MT 59808 (b) Name, address, and ZIP + 4 Name, address, and ZIP + 4 D BOX 16660 MISSOULA, MT 59808 (b) Name, address, and ZIP + 4 NADINE MURPHY 180 2ND AVE S RM 270 EDMONDS, WA 98020-3644	Total contributions \$ 100,000. (c) Total contributions \$ 30,000. (c) Total contributions \$ 30,000. \$ 26,540.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person Image: Complete Part II for noncash contribution Person Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name	of	organization
Name	U.	organization

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Employer identification number

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CENTRALIA COLLEGE FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	NORSKI FAMILY TRUST 17 CALA MOREYA ST LAGUNA NIGUEL, CA 92677	\$40,124.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4		Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)
220.02 11-2			333, 330 LZ, 01 330-FFJ (2020)

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Name of organization

Employer identification number

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CENTRALIA COLLEGE FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions). Use duplicate copies of Part II if a	duitional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PAUL SCHUBACK 1977 VIOLIN, 2 VIOLIN BOWS, CASE		
		\$29,700.	11/12/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	A PORTION OF NE QTR SECT 2 TOWNSHIP 14 N RANGE 3 W		
		\$ 40,500.	02/03/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	1.6 ACRE EASEMENT		
		\$44,934.	08/06/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	100EX HEAY DUTY HYDRAULIC BREAKER	\$30,000.	04/14/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	10 SHARES OF AMZN STOCK		
		\$26,540.	07/01/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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ITR <i>I</i> t III	Exclusively religious, charitable, etc., contrib		on 501(c)(7), (8), or (10) that total more than \$1,000 for th					
• •••	from any one contributor. Complete columns completing Part III, enter the total of exclusively religiou	(a) through (e) and the following line entry F	or organizations					
	Use duplicate copies of Part III if addition	al space is needed.						
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
		(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
-		(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
_								
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
		(e) Transfer of gift						
F	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
	(e) Transfer of gift							
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					

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SCHEDULE D

Department of the Treasury

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Employer identification number **_*****

Internal Revenue Service Name of the organization

CENTRALIA COLLEGE FOUNDATION

	organization answered "Yes" on Form 990, Part IV, lir	ne 6				
	*	(a) Donor advised funds	(b) Fund	ds and other accour	nts
	Total number at end of year		· · ·			
2	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisors in		vised fun	ds		
	are the organization's property, subject to the organization's	-			Yes	
	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor					
				•	Yes	
	t II Conservation Easements. Complete if the or					
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).				
	Preservation of land for public use (for example, recrea		of a histo	rically	important land area	
	Protection of natural habitat				storic structure	
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the for	m of a co	nserva	ation easement on th	ne last
	day of the tax year.				Held at the End of the	
	Total number of conservation easements			2a		2
				2b		
	Number of conservation easements on a certified historic st			2c		
	Number of conservation easements included in (c) acquired					
	listed in the National Register			2d		2
	Number of conservation easements modified, transferred, re				during the tax	
	year >		the organ	Lation		
	Number of states where property subject to conservation ea	a second la seco				
	Does the organization have a written policy regarding the pe					X No
	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting.	, handling of violations, and enforcing co	onservatio	on ease	ements during the y	ear
_						
	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conser	rvation ea	Isemen	its during the year	
			70/1-)/4)/5	N/:		
	Does each conservation easement reported on line 2(d) abo					X No
	and section 170(h)(4)(B)(ii)?					
	In Part XIII, describe how the organization reports conservat					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ements th	at des	cribes the	
	organization's accounting for conservation easements.		<u>Athan (</u>	0:		
'ar	t III Organizations Maintaining Collections of		Other	Simila	ar Assets.	
	Complete if the organization answered "Yes" on Forn					
	If the organization elected, as permitted under FASB ASC 98	· ·				
	of art, historical treasures, or other similar assets held for pu			nce of	public	
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these it	tems.			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement an	nd balanc	e shee	t works of	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fu	urtherance	e of pu	blic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			. 🕨 🤋	\$	
	(ii) Assets included in Form 990, Part X				\$	
	If the organization received or held works of art, historical tre	easures, or other similar assets for finan	cial gain,	provide	e	
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:				
2					4	
2					μ	
2 a	Revenue included on Form 990, Part VIII, line 1				6	
2 a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X					990) 202
2 a b ¦A	Revenue included on Form 990, Part VIII, line 1				Schedule D (Form §	990) 202

Sche	dule D (Form 990) 2020 CENTRAL	IA COLLEGE	FOU	NDATIO	N		ŕ	**_**	* * * * *	* Pa	age 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	or Other	Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	at make sig	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or excl	hange progra	am					
b	b Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further tl	he organizati	on's exem	pt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er similar a	ssets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
4-	reported an amount on Form 990, Pa						- l				
та	Is the organization an agent, trustee, custod		-						7.		1
b	on Form 990, Part X?							L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	nowing	table:					A		
-									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance Did the organization include an amount on F						1 f		Yes		No
	-					-]]
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							<u></u>			1
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	hack
19	Beginning of year balance	13,034,565.		,984,949.	10,41		-	80,379.		686,	
	Contributions	405,959.		,669,624.		0,143.		02,662.		164,	
	Net investment earnings, gains, and losses	,	3,140,923. 709,324. 515,156.						948,		
	Grants or scholarships								341,		
	Other expenditures for facilities	,						,		,	
-	and programs						-	38,856.		-23,	533.
f	Administrative expenses							,		,	
g	End of year balance	15,821,925.	13	,034,565.	10,98	4,949.	10,4	12,769.	9	480,	379.
2	Provide the estimated percentage of the cur	rent vear end balanc				,		,			
	Board designated or quasi-endowment	9.0000	%	3,	,,,						
	Permanent endowment > 91.0000	%	7								
		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	ered for the	organiz	ation			
	by:						0		Γ	Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations										Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 990), Part X, lir	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	d	(d) Bool	k value	3
		basis (investr		basis	(other)		eciation				
1a	Land				0,373.),3'	
	Buildings			3,50	8,774.	71	15,61	75.	2,793	3,09	99.
	Leasehold improvements										
	Equipment			33	6,069.	15	50,20)9.	18	5,80	50.
	Other										
	Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	0c.)				3,72	9,3	32.
							9	Schedule	D (Form	n 990)	2020

		Other Securities.		
Schedule D	(Form 990) 2020	CENTRALIA	COLLEGE	FOUNDATION

complete il the erganization anomenea i co	on 1 on 1 550, 1 art 10, in t	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	/ear market value
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(ח) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-y	war markat value
		(c) Method of Valuation. Cost of end-of-y	ear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.		►	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes		≥ 11e or 11f. See Form 990, Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability		e 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes		● 11e or 11f. See Form 990, Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability		≥ 11e or 11f. See Form 990, Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes		≥ 11e or 11f. See Form 990, Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO THE COLLEGE		≥ 11e or 11f. See Form 990, Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO THE COLLEGE (3)		≥ 11e or 11f. See Form 990, Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO THE COLLEGE (3) (4)		2 11e or 11f. See Form 990, Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO THE COLLEGE (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO THE COLLEGE (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO THE COLLEGE (3) (4) (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) PAYABLE TO THE COLLEGE (3) (4) (5) (6) (7)	" on Form 990, Part IV, line		(b) Book value 27,877 27,877

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 CENTRALIA COLLEGE FOUNDATIO	Л			Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,213,965.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	123,486.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,263,613.
3	Subtract line 2e from line 1			3	1,950,352.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-5,984.		
С	Add lines 4a and 4b			4c	-5,984.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,944,368.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,051,741.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	123,486.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	5,984.		
е	Add lines 2a through 2d			2e	129,470.
3	Subtract line 2e from line 1			3	922,271.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	922,271.
Pa	rt XIII Supplemental 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE TO BENEFIT THE MISSION OF THE FOUNDATION BASED ON

THE DONORS INTENTIONS.

PART X, LINE 2:

THE FOUNDATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOCATION OF SPECIAL EVENTS DIRECT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ALLOCATION OF SPECIAL EVENTS DIRECT EXPENSES

032054 12-01-20

Schedule D (Form 990) 2020

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Part All Supplemental	I Information (continued)	
		Schedule D (Form 990) 2020
032055 12-01-20	32	

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SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2020
Department of the Treasury	U		Open to Public					
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection
Name of the organization	CENTRALIA COLLEGE FOUNDATION							entification number
Part I Fundrais		Complete if the organization answe			n Form 990, Part IV,	line ⁻	I 17. Form 990-E	Z filers are not
required to	complete this par	t.						
 Indicate whether th a Mail solicitat 		sed funds through any of the followir e Solicitat			Check all that apply overnment grants	-		
	email solicitations				nment grants			
c 🔄 Phone solici	tations	g 🗔 Special						
d In-person so		w and agreement with any individual	(in alu	dina a	fficare directore tru	ot o o		
		or oral agreement with any individual art VII) or entity in connection with p						s 🗌 No
• • •		viduals or entities (fundraisers) pursu			-		undraiser is to	be
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres	s of individual		(iii)	Did	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid
or entity (fund		(ii) Activity	or cor	ustody ntrol of utions?	from activity	· ·	fundraiser sted in col. (i)	to (or retained by) organization
			Yes	No				
				r				
_								
Total 3 List all states in whi		on is registered or licensed to solicit	contrik		 s or has been notifie	L ditis	s exempt from i	registration
or licensing.	j							-9
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 oı	990-	EZ.	Sche	dule G (Form	990 or 990-EZ) 2020
-							-	-

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Schedule G (Form 990 or 990-EZ) 2020 CENTRALIA COLLEGE FOUNDATION

_***** Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 nd 6h. List events with Φ.Ε. OC

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List (events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA (event type)	(event type)	(total number)	col. (c))
Revenue				((
Reve	1	Gross receipts	46,406.			46,406.
	2	Less: Contributions	46,406.			46,406.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
kpen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ō	8	Entertainment				
	9	Other direct expenses	5,984.			5,984.
	10		9 in column (d)		►	5,984.
_		Net income summary. Subtract line 10 from li				-5,984.
Pa	ırt	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
<u>л</u>			(a) Bingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev						
	1	Gross revenue				
s	2	Cash prizes				
ense						
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
ā						
	5	Other direct expenses				
		Velovete evolete ev	Yes%	└── Yes %	└── Yes %	
	6	Volunteer labor	No No	└── No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
			e 11 al 1 (1)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		▶	
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls f	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
		Yes," explain:				
0320	82 1	1-25-20			Schedule G (For	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 CENTRALIA COLLEGE FOUNDATION *	*_*****	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		/0
14		•	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
h	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	+	
	of gaming revenue retained by the third party \triangleright \$ and the amount of gaming revenue retained by the third party \triangleright \$	L	
_			
C	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	I is the organization required under state law to make charitable distributions from the gaming proceeds to		
d			
	retain the state gaming license?		
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
De	organization's own exempt activities during the tax year s		01 401
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part III, lines 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		/=	
0320	⁸³ 11-25-20 Schedule G	(Form 990 or 990	-EZ) 2020
	55		

Schedule G (Form 990 or 990-EZ)	CENTRALIA	COLLEGE	FOUNDATION
Part IV Supplemental Info	ormation (continued)		

	A	
		Oshadula O (Estima 200 - 200 - 27)
032084 04-01-20		Schedule G (Form 990 or 990-EZ)
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SCHEDU (Form 990		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047
Department o Internal Reve	of the Treasury nue Service		Comple	-	Attach to For				Open to Public Inspection
Name of t	he organizatio		COLLEGE	FOUNDATION					Employer identification number **_ * ** * * * *
Part I General Information on Grants and Assistance									
crite	eria used to av	ation maintain records t vard the grants or assis V the organization's pro	stance?						
2 Des Part II		Other Assistance to					anization answord	(os" on Form 000 Par	t IV line 21 for any
	,	at received more than \$	-					es off off 350,1 a	
1 (a) I	Name and add	dress of organization ernment	(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 of noncash assistance	(h) Purpose of grant or assistance
600 CEN	IA COLLEGE FRALIA COLI IA, WA 9853		**_*****		330,758.	0.			SCHOLARSHIPS
2 Ente	er total numbe	er of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table			•	▶ <u> </u>
3 Ente	er total numbe	er of other organizations	s listed in the line 1	I table					
LHA Fo	r Paperwork	Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2020

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

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

PART I, LINE 2:

CENTRALIA COLLEGE PROVIDES THE FOUNDATION THE DETAIL LISTING OF GRANT

RECIPIENTS AND MONITORS THE APPROVAL AND DISBURSEMENTS OF THE GRANTS

(a) Type of grant or assistance

Schedule I (Form 990) 2020 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of

recipients

CENTRALIA COLLEGE FOUNDATION

(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other)

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

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CENTRALIA COLLEGE FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY.

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

THE BOARD OF DIRECTORS REVIEW THE FORM 990 PRIOR TO FILING.

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

THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY INCLUDED IN THEIR BY-LAWS.

IT IS THE DUTY OF THE BOARD MEMBERS AND COMMITTEE MEMBERS TO DISCLOSE IF

THEY HAVE A CONFLICT OF INTEREST WITH REGARDS TO ANY MATTERS OF THE

FOUNDATION.

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

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE

FOUNDATION'S OFFICE AND AVAILABLE TO THE PUBLIC BY REQUEST. THE FORM 990 IS ALSO AVAILABLE AT GUIDESTAR.ORG.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) 2020

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