Return of Organization Exempt From Income Tax

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2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form

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

For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21Check if applicable: C Name of organization The Washington County School D Employer identification number District Foundation Address change Doing business as 87-0439582 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 121 West Tabernacle Street Initial return 435-673-3553 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated St. George UT 84770 1,563,255 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? X No Application pending Yes Steven Dunham 121 W Tabernacle St H(b) Are all subordinates included? St George UT 84770 If "No," attach a list. See instructions X 501(c)(3) 501(c) ( ) ◀ (insert no.) Tax-exempt status: 4947(a)(1) or www.foundation.washk12.org Website: H(c) Group exemption number X Corporation Trust Form of organization: Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: To serve the schools and each student of Washington County Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 756,989 1,542,355 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30,105 20,900 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 787,094 1,563,255 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 721,469 1,364,182 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 721,469 1,364,182 19 Revenue less expenses. Subtract line 18 from line 12 65,625 199,073 Beginning of Current Year End of Year 2,074,690 20 Total assets (Part X, line 16) 1,875,617 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21 from line 20 1,875,617 2,074 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Steven Dunham Director Type or print name and title Print/Type preparer's name PTIN Check Paid Stanley Seegmiller Stanley Seegmiller 11/02/21 self-employed P00052638 Preparer Savage Esplin & Radmall, Firm's name 87-0637407 Firm's EIN Use Only 20 N Main St Ste 402 St George, UT 84770 435-673-6195 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes No

| Form 990 (2020) The Washingto                                      |  | 87-0439582  | Page 2                                  |
|--|--|---|---|
|  | Service Accomplishments  |   |   |
| Check if Schedule O co   | ontains a response or note to a                                      | ny line in this Part III                            | <b>X</b>                                |
| 1 Briefly describe the organization's miss                         | sion:  |   |   |
| To Serve the Schools   | and each student of  | of Washington County.                               | ******************************          |
|  | ***************************************                              |   |   |
| *  |  | ••••••••••••••••••••••                              | *************************               |
| * *************************************                            | ***************************************                              |   | ******************************          |
| 2 Did the organization undertake any sig                           | nificant program conject during the un                               | or which were not listed on the                     |   |
|  |  |   | □ <b></b>                               |
| If "Yes," describe these new services of                           | o Dahadula O   |   | 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 So                             |  |   |   |
|  |  | three largest program services, as measure          |   |
|  |  | rt the amount of grants and allocations to of       | hers,                                   |
| the total expenses, and revenue, if any                            | , for each program service reported.                                 |   |   |
|  |  |   |   |
| 4a (Code: ) (Expenses \$   | 1,301,601 including grants   | of \$ ) (Revenue                                    | 2 0                                     |
| County School Distri<br>benefited.                                 | ct. In this way, ea  | to each school in the<br>ach student in the Sch     | ool District is                         |
|  |  |   |   |
|  |  | **************************************              |   |
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| ***************************************                            |  |   |   |
| Washington County Hi   |  |   |   |
|  |  |   | •••••                                   |
|  |  |   | *************************               |
| 4c (Code: ) (Expenses \$ Payments are made on County who receive S | 17,978 including grants<br>behalf of students<br>terling Scholar Awa | of\$ ) (Revenue<br>s from each high school<br>ards. | s \$ )<br>l in Washington               |
| •••••  |  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,    |
|  |  |   |   |
| ***************************************                            | •                              |   | *************************************** |
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| ***************************************                            |  |   |   |
| ***************************************                            |  |   |   |
| ***************************************                            |  | •••••   |   |
| 4d Other program services (Describe on S                           | chedule (C.)   |   |   |
| (Expenses \$   | •  | \ /Da   | ,                                       |
| 4e Total program service expenses ▶                                | including grants of \$ 1,354,445                                     | ) (Revenue \$                                       |   |
| - Lord broductu octanoc exhetiges                                  | エトココエトゴゴコ  |   |   |

|     |  |          | 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 (see instructions)?  | 2        | X   | <del> </del>  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   | <u>-</u> | 42  | <u> </u>      |
|     | candidates for public office? If "Yes," complete Schedule C, Part I  | 3        |   | x             |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  | Ť        |   | <del></del> - |
|     | election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4        |   | x             |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   | <u> </u> |   | <del></del>   |
|     | assessments, or 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 provide advice on the distribution or investment of amounts in such funds or accounts? If  |          |   |               |
|     | "Yes," complete Schedule D, Part I   | 6        |   | x             |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |          |   |               |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7        |   | x             |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |          |   |               |
|     | complete Schedule D, Part III  | 8        |   | x             |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a  |          |   |               |
|     | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or   |          |   | İ             |
|     | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9        |   | X             |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |          |   |               |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10       |   | x             |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   |          |   |               |
|     | VII, VIII, IX, or X as applicable.   |          | W11 10 10 10 10 10 10 10 10 10 10 10 10 1 |               |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"   |          |   |               |
|     | complete Schedule D, Part VI   | 11a      |   | X             |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more  |          |   |               |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b      |   | X             |
| С   | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more   |          |   |               |
| _   | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c      |   | X             |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets  |          |   |               |
|     | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d      |   | X             |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | _11e     |   | X             |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |          |   |               |
| 12a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f      |   | <u> </u>      |
| ıza | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   |          |   | ۱,,           |
| h   | Was the organization included in consolidated, independent audited financial statements for the tax year? If   | 12a      |   | X             |
|     |  | 401      |   | <b> </b>      |
| 13  | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b      |   | X             |
| 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States? | 13       |   | X             |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,   | 14a      |   |               |
|     | fundraising, business, investment, and program service activities outside the United States, or aggregate  |          |   | 1             |
|     | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b      |   | x             |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  | 140      |   | <u> </u>      |
|     | for any foreign examination 0.16 M/co. # semantate Calculate F. Doute H. a. (11)   | 15       |   | x             |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   | · · · ·  |   |               |
|     | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16       |   | x             |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   |          |   | <del></del> - |
|     | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions   | 17       |   | x             |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross Income and contributions on  | T T      | -   | <del></del> - |
|     | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18       |   | x             |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   |          |   | <del></del> - |
|     | If "Yes," complete Schedule G, Part III  | 19       |   | x             |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a      |   | X             |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b      |   |               |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |          | <b></b>                                   |               |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21       |   | х             |

| P   | art 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            |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b    |  | <u> </u>     |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |        |  |              |
|     | to defease any tax-exempt bonds?   | 24c    |  | <u> </u>     |
| ď   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d    |  | <b>└</b>     |
| 25a | ( )( )) (-)( -)) (-)(-)  |        |  |              |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a    |  | X            |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |        |  |              |
|     | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |        |  |              |
|     | If "Yes," complete Schedule L, Part I  | 25b    | ļ  | X            |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |        |  |              |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |        |  |              |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26     |  | X            |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |        |  |              |
|     | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee   |        |  |              |
|     | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these   |        |  |              |
| 20  | 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   |        | 10000  |              |
|     | 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   |        |  |              |
| b   |  | 28a    |  | X            |
| C   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b    |  | X            |
| ·   | 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  | 1      |  |              |
| 29  |  | 28c    | 32   | X            |
| 30  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   | 29     | X  | <del> </del> |
| 00  | conservation contributions? If "Yes," complete Schedule M  |        |  | -            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 30     | -  | X            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  | 31     |  | X            |
| -   | and the Only of the Alice and the Control of the Co |        |  | -            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | _32    |  | X            |
|     | sections 301 7701-2 and 301 7701 22 If "Voc." complete School In B. Bart I   | 22     |  | X            |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III.   | 33     |  |              |
|     | and the said David V. Vica of  | 34     |  | X            |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |        |  | X            |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  | 35a    |  |              |
|     | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b    |  |              |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   | 330    | <del>                                     </del> | <del> </del> |
|     | well-ted superficiely of 1707 and the original or ginal or the original original original original original original original original origina | 36     |  | X            |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | -30    |  |              |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37     |  | x            |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and   | 10,    |  | <del></del>  |
|     | 19? Note: All Form 990 filers are required to complete Schedule O.   | 38     | х  |              |
| Pa  | art V Statements Regarding Other IRS Filings and Tax Compliance  | 100    | _ **   |              |
|     | Check if Schedule O contains a response or note to any line in this Part V   |        |  |              |
|     | The state of the s |        | Yes  | No           |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  | 1.7227 | 162  | INU          |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   |        | Agencial Agencia                                 | 2000000      |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and   |        |  |              |
|     | reportable gaming (gambling) winnings to prize winners?  | 1 c    | (Amma 2 101)                                     | X            |
|     |  |        |  |              |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? За X За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X ď Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a 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 organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 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? If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) The Washington County School 87-0439582 Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? X 8a Each committee with authority to act on behalf of the governing body? b X d8 is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

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

St George

121 West Tabernacle

Steven Dunham

financial statements available to the public during the tax year.

UT 84770

435-673-3553

| Form 990 (2020) | The | Washington | County | School |
|-----------------|-----|------------|--------|--------|
|                 |     |            |        |        |

87-0439582

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether Individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

| (A)<br>Name and title                               | (B) Average hours per week (list any hours for    | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |  |              |                              | ın<br>e) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|---|---|--|-----------------------|--|--------------|------------------------------|----------|---|--|---|
|   | related<br>organizations<br>below<br>dotted line) | Individual trustee or director   | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former   | (W*2/1099-WISO)   | (W-2/1099-MISC)  | organization and related organizations              |
| (1) Jamie Bahlmann                                  |   |  |                       |  |              |                              |          |   |  |   |
| Board Member  | 1.00  | 7.   |                       |  |              |                              |          |   | •  | _   |
| (2) Larry Bergeson                                  | 0.00  | X  |                       | <del>                                     </del> |              |                              |          | 0   | 0  | 0   |
| (z) Larry Dergeben                                  | 1.00  |  |                       |  |              |                              |          |   |  |   |
| Board Member  | 0.00  | x  |                       |  |              |                              |          | 0   | 0  | 0   |
| (3) Clay Denos                                      |   |  |                       |  |              |                              |          |   |  |   |
| The cond Mr. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 1.00  |  |                       |  |              |                              |          |   | _  | _   |
| Board Member (4) Paul Hatch                         | 0.00  | X  |                       |  | _            |                              |          | 0   | 0  | 0   |
| (4) Faul Hacen                                      | 1.00  |  |                       |  |              | 1 1                          |          |   |  |   |
| Board Member  | 0.00  | x  |                       |  |              |                              |          | 0   | 0  | 0   |
| (5) Wes Jensen                                      |   |  |                       |  |              |                              |          |   |  |   |
| Board Member  | 1.00  | x  |                       |  |              |                              |          | 0   | 0  | 0   |
| (6) Ben Lindquist                                   |   |  |                       |  |              |                              |          |   |  |   |
|   | 1.00  |  |                       |  |              |                              |          |   |  |   |
| Board Member  | 0.00  | Х  |                       |  | <u> </u>     |                              |          | 0   | 0  | 0   |
| (7) Rich Schofield                                  | 1 00  |  |                       |  |              |                              |          |   |  |   |
| Board Member  | 1.00  | x  |                       |  |              |                              |          | o   | _  | _   |
| (8) David Stirland                                  | 0.00  | -AL  |                       |  |              | -                            | _        |   | 0  | 0   |
| <b>,</b> ,  | 1.00  |  |                       |  |              |                              |          |   |  |   |
| Board Member  | 0.00  | x  |                       |  |              |                              |          | 0   | 0  | 0   |
| (9) Tyler Todd                                      |   |  |                       |  |              |                              |          |   | <u>,                                     </u>                          |   |
|   | 1.00  |  |                       |  |              |                              |          |   | _  |   |
| Board Member (10) Steven Dunham                     | 0.00  | X  |                       |  | _            |                              |          | 0   | 0  | 0   |
| (10)Sceven Dunnam                                   | 40.00   |  |                       |  | Į            |                              |          |   |  |   |
| Director  | 0.00  |  |                       | x  |              |                              |          | 0   | o  | 0   |
| (11)Diane Tyler                                     |   |  |                       |  |              |                              |          |   |  | 0   |
|   | 5.00  |  |                       |  |              |                              |          |   |  |   |
| Secretary   | 0.00  |  |                       | X  | L            |                              |          | 0   | 0  | 0   |
|   |   |  |                       |  |              |                              |          |   |  | Form 990 (2020)                                     |

| Part VII Section A. Officers  | s, Directors, Tru                                 | stee                              | s, K                  | ey E                             | mp               | oyee                            | s, a        | nd Highest Compensate                              | d Employees (continued)                                | Page (  |
|---|---|-----------------------------------|-----------------------|----------------------------------|------------------|---------------------------------|-------------|--|--|---|
| (A)<br>Name and title   | (B) Average hours per week (list any hours for    | of                                | x, unid               | Pos<br>check<br>ess pe<br>nd a d | erson<br>lirecto | than o                          | an<br>ee)   | (D)  Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|   | related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional trustee | Officer                          | Key employee     | Highest compensated<br>employee | Former      | (W-2/1099-MISC)                                    | (W-2/1099-MISC)  | organization and related organizations              |
| (12) Brandon Vande  |   |                                   | -                     |                                  |                  |                                 | _           |  |  |   |
| Board Chair   | 2.00<br>0.00                                      | <u> </u>                          |                       | X_                               |                  |                                 |             | 0  | 0  | 0   |
|   |   |                                   |                       |                                  |                  |                                 |             |  |  |   |
|   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           |                                   |                       |                                  |                  |                                 |             |  |  |   |
| •                               |   |                                   | :                     |                                  |                  |                                 |             |  |  |   |
|   |   |                                   |                       |                                  |                  |                                 |             |  |  |   |
|   |   |                                   |                       |                                  |                  |                                 |             |  |  |   |
|   |   |                                   |                       |                                  |                  |                                 |             |  |  |   |
|   |   |                                   |                       |                                  |                  |                                 |             |  |  |   |
| 1b Subtotal   |   |                                   |                       |                                  |                  |                                 |             |  |  |   |
| <ul> <li>Total from continuation sheet</li> </ul>                     | ets to Part VII, S                                | ecti                              | on A                  | ١                                | ,                |                                 | •           |  |  |   |
| d Total (add lines 1b and 1c)  Total number of individuals (inc       | cluding but not li                                | mite                              | d to t                | those                            | ə lisi           | ed a                            | bove        | e) who received more than                          | \$100,000 of   |   |
| reportable compensation from  | the organization                                  | <u> </u>                          | 0                     |                                  |                  |                                 |             |  |  | Yes No  |
| 3 Did the organization list any for<br>employee on line 1a? If "Yes," | <b>rmer</b> officer, dire<br>complete Sched       | ector                             | , trus<br>I for       | stee,<br><i>such</i>             | key              | emp<br>lividu                   | loye        | e, or highest compensated                          | t  | 3 X   |
| 4 For any individual listed on line organization and related organ    | a 1a, is the sum                                  | of re                             | porta                 | ıble d                           | com              | pens                            | ation       | and other compensation                             | from the   |   |
| individual  |   |                                   |                       |                                  |                  |                                 |             |  |  | 4 X   |
| for services rendered to the org                                      | ganization? If "Y                                 | uc v                              | UHID                  | CHOC                             | นบบบ             | HUUIT                           | i anv       | v unitelated organization of                       | Individual   | 5 X   |
| Section B. Independent Contractor  Complete this table for your five  | rs  |                                   |                       |                                  |                  |                                 |             |  | -  |   |
| compensation from the organiz   | zation. Report co                                 | mpe                               | nsat                  | ion f                            | or th            | ne ca                           | end         | ar year ending with or with                        | in the organization's tax yea                          |   |
| Name and b  | (A)<br>business address                           |                                   |                       |                                  |                  |                                 |             | Descript   | (B)<br>lich of services                                | (C)<br>Compensation                                 |
|   |   |                                   |                       |                                  |                  |                                 |             |  |  |   |
|   |   |                                   |                       |                                  |                  |                                 |             |  |  |   |
|   |   | -                                 |                       |                                  |                  |                                 |             |  |  |   |
|   |   |                                   |                       |                                  |                  |                                 |             |  |  |   |
|   | 7714  |                                   | -                     |                                  | <del></del>      |                                 |             |  |  |   |
| Total number of independent co  | ontractors (include                               | dina                              | but r                 | not li                           | mite             | d to                            | those       | e listed above) who                                |  | Ivaşık'' yakçık i Oronomakisi                       |
| received more than \$100,000 o  | of compensation                                   | from                              | the                   | orga                             | ıniza            | tion                            | <b>&gt;</b> |  | 0  |   |
| 4 V3  |   |                                   |                       |                                  |                  |                                 |             |  |  | Form <b>990</b> (2020)                              |

| 41 V 65 T   | U.L.Y   |   | Sch        | n <b>Revenue</b><br>Jedule O cont       | ains a     | respoi    | nse or note   | e to any line in thi   | is Part VIII   | ***********  |  |
|---|---------|---|------------|---|------------|-----------|---------------|--|--|--|--|
|   |         |   |            |   |            |           |               | (A)<br>Total revenue   | (B)<br>Related or exempt<br>function revenue   | (C)<br>Unrelated<br>business revenue   | (D) Revenue excluded from tax under sections 512-514   |
| st.   | 1a      | Federated camp                            | paigns     |   | 1a         |           |               | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  | 1 00 mm 1 1 00 mm 1 1 1 1 1 1 1 1 1 1 1  | 7  |  |
| 흔   | b       | Membership due                            | es         |   | 1b         |           |               | The state of the s | The state of the s | The state of the s |  |
| ξ.<br><u>Α</u> ,(   | C       | Fundraising eve                           | nts        |   | 1c         |           |               | Transfer of the second of the  | 74-17-17-17-17-17-17-17-17-17-17-17-17-17-   | 71/100 /A: 101/10/10/10/10/10/10/10/10/10/10/10/10/  | 7. T. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10   |
| ਭੂੰਤੂ   | d       | Related organiza                          | ations     |   | 1d         |           |               | A STATE OF THE PARTY OF T   | A PARTY STATE OF THE STATE OF T |  |  |
| ξË  | е       | Government grants (co                     | ontributio | ons)                                    | 1e         |           |               |  | TOTAL CONTROL OF THE PROPERTY  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Carrier Strain   |
| 흔   | f       | All other contributions,                  |            |   |            |           |               | The state of the s | THE PARTY OF THE P | Table votes to the state of the | AND SERVICE SERVICES   |
| 들은  |         | and similar amounts no                    |            |   | 1f         |           | ,542,355      |  |  | The state of the s |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | g       | Noncash contributions                     |            |   | 1g         |           | 134,152       | (4   | Action (SE) The second  | THE PARTY OF THE P | Commence of the commence of th |
| <u>0 a</u>  | n       | Total. Add lines                          | 1a-11      | r,                                      |            | ,         |               | 1,542,355  | 7,000 1 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | At a part of the state of the s |  |
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| Program Service<br>Revenue                                | b       |   |            | • |            |           |               |  |  |  |  |
| <b>8</b> 2  | c       |   |            |   |            |           |               |  |  |  | <u> </u>   |
| e a   | d       |   |            | •                                       |            |           |               |  |  |  | <u> </u>   |
| <u>6</u> /  | е       |   |            |   |            |           |               |  |  |  |  |
| Ω.  | f       | All other program                         |            |   |            |           |               |  |  |  |  |
|   | g       | Total. Add lines                          |            |   |            |           |               |  |  |  | 7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  |
|   | 3       | Investment incom                          |            | _                                       | -          | ,         |               |  |  |  |  |
|   |         | other similar am                          | ounts      | )                                       |            |           |               | 20,900   |  |  | 20,900   |
|   | 4       | Income from inv                           | estme      | ent of tax-exempt                       | t bond     | proceeds  | s ▶           |  |  |  |  |
|   | 5       | Royalties                                 | <u> </u>   |   |            |           | <u> </u>      |  |  |  |  |
|   |         | _   |            | (I) Real                                |            | (II)      | Personal      | A series of the control of the contr | Wilder or high real real real real real real real real   | Transfer in the control of the contr | The state of the s |
|   |         | Gross rents                               | 6a         |   |            |           |               | The second secon | The property of the property o | A STATE OF THE STA | The state of the s |
|   |         | Less; rental expenses                     | 6b         |   |            |           |               | Control of the contro | William Control of Con | The state of the s | A STATE OF THE STA |
|   |         | Rental inc. or (loss)                     | 6c         | laas)                                   |            |           |               | **************************************   | AND THE RESERVE OF THE PROPERTY OF THE PROPERT | Water And The Secretary of the Control of the Contr | A post de la principa de la properation del la properation del la properation de la  |
|   | d<br>7a | Net rental incom<br>Gross amount from     | ie or ti   | (i) Securities                          |            | 4         | ) Other       | 100000000000000000000000000000000000000  |  | A THE STATE OF THE | > 10 1 16 Y 5 P 1 1 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
|   |         | sales of assets                           | 7a         | (i) Decurine                            |            | <u>''</u> | i Cina        | The first of the proof of the p | 11 (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4  |  | 7 PART W 7 LEAT 1 SEPTE MEMBER 7 SEPTE 1 VALUE IN 1973 SEPTEMBER 4 AND 1 SEPTEMBER 4 |
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| ě   | С       | Gain or (loss)                            | 7c         |   |            |           |               | The state of the s | A THE PARTY OF THE | A STATE OF THE STA | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| er F  |         | Net gain or (loss                         | 3)         |   |            |           |               | WATER CONTRACTOR OF THE PROPERTY OF THE PROPER |  | A CONTRACTOR OF THE CONTRACTOR |  |
| ሱ   |         | Gross income from                         |            |   |            |           |               |  | 7 AND THE REST OF THE PARTY OF  | The state of the s | 10 -1470 pr 12710 1 (1020) 1 (1020)  |
| _   |         | (not including \$                         |            |   |            |           |               | The first of the second | The state of the s | A STATE OF THE STA | The state of the s |
|   |         | of contributions rep                      | orted o    | on line 1c).                            |            |           |               | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | And the second s |  | January Committee Committe |
|   |         | See Part IV, line 18                      | 3          |   | 8a         |           |               | STATE OF THE STATE | A CONTROL OF THE CONTROL OF T   | A PARAMETER AND AN ARRANGE AND AN ARRANGE AND AN ARRANGE AND AND ARRANGE AND A | TO THE STATE OF TH |
|   |         | Less: direct expe                         |            |   | 8b_        |           |               | Section 1 and the second section 1 and the section 1 and | A 1/2  | And the state of t |  |
|   |         | Net income or (le                         |            | _                                       | events     |           | <b>)</b>      | . A series of the series of th | A VACOUR AND WALLEST TO THE CONTROL OF T   |  |  |
|   | 9a      | Gross income from                         |            |   |            |           |               | Service Annual Control of the Contro | Unique 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | The same of the sa | A CONTROL OF THE PARTY OF THE P |
|   |         | See Part IV, line 19                      |            |   | 9a         |           |               | Depart of the property of the control of the contro | THE RESERVE OF THE PROPERTY OF | The state of the s | TOTAL PROPERTY OF THE PROPERTY |
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|   | ıua     | Gross sales of in                         |            |   |            |           |               | Transport of the state of the s |  |  |  |
|   |         | returns and allow                         |            |   | 10a        |           | ******        | The state of the s | The second secon | The second secon | A TOTAL CONTROL OF THE CONTROL OF TH |
|   |         | Less: cost of good<br>Net income or (le   |            |   | 10b        |           |               |  |  |  |  |
| "   |         | Net income of the                         | 033) 11    | om sales of mye                         | ontory .   |           | Business Code | A CONTROL OF THE CONT | VARIANT VIEW VIEW VIEW VIEW VIEW VIEW VIEW VIEW  | The second secon | Anna Carlotte  |
| ë «   | 11a     |   |            |   |            |           |               |  |  |  | N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.  |
| ane   | b       | *   |            |   |            | ,         | -             |  |  |  | -  |
|   | C       |   |            |   |            |           |               |  |  | <del></del>  |  |
| Miscellaneous<br>Revenue                                  | d       | All other revenue                         |            |   |            |           |               |  | -  |  | -  |
|   |         | Total. Add lines                          |            |   |            |           | <b>.</b>      |  |  |  |  |
|   | 12      | Total revenue.                            | See in     | structions                              |            |           | <b>&gt;</b>   | 1,563,255  | C  | 0  | 20,900   |

## Part IX Statement of Functional Expenses

| Do not include amounts reported on lines 6b, To line species Popularies Provide species Popularies Popularies Include amounts reported on lines 6b, To line species Popularies Included and the desires to desire substance of the  | Sect.    | on 501(c)(3) and 501(c)(4) organizations must of Check if Schedule O contains a res | <i>complete all columns. All o</i><br>conse or note to anv line in   | <i>ther organizations must con</i><br>this Part IX   | mplete column (A).   |  |
|--|----------|---|--|--|--|--|
| 1 Gents and other assistance to domestic individuals. See Part IV, line 22 2 Grunts and other assistance to domestic individuals. See Part IV, line 23 (Sants and other assistance to triumpin organizators, foreign governments, and freelign individuals. See Part IV, line 26 (Sants and other assistance to triumpin organizators, foreign governments, and freelign individuals. See Part IV, line 36 (Sants and other assistance to triumpin organizators, foreign governments, and freelign individuals. See Part IV, line 36 (Sants and 16 (Sa |          | ot include amounts reported on lines 6b,  | (A)  | (B)<br>Program service   | Management and   | Fundraising  |
| 2 Grants and other assistance to domeetic inclividuals. See Part IV, line 22 3 Grants and other assistance to inorigin organizations, foreign proverments, and foreign organizations, foreign proverments, and foreign organizations, foreign proverments, and foreign motivations. See Part IV, line 18 and 16 4 Benefits paid to or for members 5 Compensation of uncert officers, directors, trusteres, and key employees 6 Compensation of uncert officers, directors, trusteres, and key employees 7 Compensation of included above to disqualified persons (as cellered under section 4958(H)!) and persons discretized in section 4958(H)!) and persons discretized and excellent 401(and 400)s employees 8 Participation of the section 4958(H)!) and persons discretized and combitations (nuclease section 401(and 400)s employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Feas for services (nonemployees): 12 Management 13 Legal 14 Lobbring 15 Legal 15 Legal 16 Lobbring 17 Investment management fees 18 Ork. Illian 1 yearons exceeds 104 of file 5s, caturn (year) 19 Ork. Illian 1 yearons exceeds 104 of file 5s, caturn (year) 19 Advertising and promotion 10 Office expenses of the file of the section 401(and 401) and the file of the file o | 1        | Grants and other assistance to domestic organizations                               |  |  |  |  |
| Individuals. See Part IV, line 22  Gratin and other assistance to foreign operarizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officors, directors, trustees, and key employees  Compensation not included above to disqualified persons its active set persons obscribed in eartisch 4958(p(3)(b))  Portion salarises and vargas  Pensisting has accrued and combibilions (robust assisted 401(k) and 408(p)) employer contributions)  Other enalization and unable of the provided assisted 401(k) and 408(p) employer contributions)  Pensisting has accrued and combibilions (robust assisted 401(k) and 408(p)) employer contributions (solution assisted 401(k) and 408(p)) employer contributions (robust assisted 401(k)) and 408(p) employer contributions (robust assisted 401(k)) and 4 |          | and domestic governments. See Part IV, line 21                                      |  |  |  |  |
| 3 Gards and Other assistance to lording organization, briefing powerments, and breign organization, breign governments, and breign individuals. Size Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current of license, directors, trustees, and key employees 6 Compensation of current of license, directors, trustees, and key employees 7 Other selativities and constitutions (include section 4956(0)(3)(8) 7 Other selativities and constitutions (include section 4956(0)(3)(8) 9 Other employee benefits 10 Payroll taxes 10 Payroll taxes 11 Fase for senetices (nonemployees): 12 Management 13 Legal 14 Lobbyling 15 Payroll taxes 16 Legal 16 Lobbyling 17 Investment management floos 17 (Include the management floos) 18 Other in the 15 generate section (5) of line 25, column (A) amount in technology 19 Avendating and promotion 19 Congenses 10 Avendating and promotion 19 Congenses 10 Coupenses 11 Fase (Included and Included Section (A) amount allow 15 generate september for any foders), state, of local public officials (Included Section (A) amount and travel or entertailment expenses for any foders), state, of local public officials (Included Section (A) amount and the section (A) amount and travel or entertailment expenses for any foders), state, of local public officials (Included Section (A) amount and amortization (A) amount list line 20 expenses on Scheele (C) (A) a Educational Program Pints (Included Line (Included Line) (A) amount state (B)  | 2        | Grants and other assistance to domestic   |  |  | The property of the state of th | 10 m 1 m 1 m 1 m 2 m 1 m 2 m 2 m 2 m 2 m 2   |
| organizations, breign governments, and treign inthibitials. See Part IV, lines 15 and 16 line interest and see the part of the |          | individuals. See Part IV, line 22   |  |  |  |  |
| Individuals. See Part N, lines 16 and 16   | 3        | Grants and other assistance to foreign  |  |  | The state of the s | Faver Commence Commen |
| 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustaes, and key employees 6 Compensation of current officers, directors, trustaes, and key employees 7 Coffee additional and sealing 4958(c)(3)(6) approve of sequential passons described in sealing 4958(c)(3)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)   |          |   |  |  |  | The second secon |
| 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustaes, and key employees 6 Compensation of current officers, directors, trustaes, and key employees 7 Coffee additional and sealing 4958(c)(3)(6) approve of sequential passons described in sealing 4958(c)(3)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)   |          | Individuals. See Part IV, lines 15 and 16   |  |  |  |  |
| toustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958((1))) and persons oscinced in section 4958((1))) and persons oscinced in section 4958((1))) and persons oscinced in section 4958((1))) and 4958((1)) and  | 4        | Danofita naid to au fau mambana   |  |  |  |  |
| 6 Compensation not included above to dispatified persons (as defined under section 4956(k)(1)) and persons cescribed in section 4956(k)(3)(8)  7 Other salarides and wages  Penson plan accunals and constitutions (include section 401(k) and 403(b) employer contributions)  10 Payroll taxes  11 Fees for services (nonemployees):  Management  b Legal  c Accounting  d Lobbyting  e Profussional landralising services. See Part IV, Ine 17 investment management fees  9 Other (life 15g amount exceeds 10% of line 25, octume Agriculation and residual production and  | 5        |   |  |  |  |  |
| persons (as defined under section 4986(pt(3))8)  7 Other salarities and wags  8 Pension plan accrusis and contributions (include section 4016(pt) and 4036(pt) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Pess for services (nonemployees):  a Management  b Legal  c Accounting  d Lobbying  f Professional fundralsing services. See Part IV, Ilina 17  f Investment management fees  g Other, (iline 15g encount sexests 10% of line 25g, output (A) amount, list line 19g engress Steedule O.)  22 Advertising and promotion  77, 490  47, 748  27, 742  1016e expenses  7, 490  4, 748  2, 742  1016e appenses  7, 490  4, 748  2, 742  1016e appenses  7, 490  4, 748  2, 742  1016e occupancy  7 Travel  18 Payments of travel or entotainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  Interest  11 Payments to affiliates  12 Depreciation, depletion, and amortization  13 Insurance  14 Payments to affiliates  15 Payments to affiliates  16 Payments to interest and meetings  17 Payments to affiliates  18 Payments to fire payments of travel or entotainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  11 Insurance  10 Payments to affiliates  10 Payments to affiliates  11 Payments to affiliates  12 Payments to affiliates  13 Payments to affiliates  14 Payments to affiliates  15 Payments to affiliates  16 Payments to affiliates  17 Payments to affiliates  18 Payments to affiliates  19 Payments to affiliates  19 Payments to affiliates  10 Payments to affiliates  10 Payments to affiliates  11 Payments to affiliates  11 Payments to affiliates  12 Payments to affiliates  13 Payments to affiliates  14 Payments to affiliates  17 Payments to affiliates  19 Payments to affiliates  10 Payments to affiliates  11 Payments to affiliates  11 Payments to affiliates  12 Payments to affiliates  13 Payments to affiliates  14 Payments to affiliates  15 Payments to affiliates  16 Payments to affiliates  17 Payments to a |          | trustees, and key employees   |  |  |  |  |
| persons described in section 4956(c)(3)(6) 7 Ofter selaries and wages 8 Pension plan accrusis and contributions (noticle section 401(k) and 403(b) employer contributions) 9 Ofter employee benefits 10 Payroll taxes 11 Fees for services (nonemployees):   | 6        | Compensation not included above to disqualified                                     |  |  |  |  |
| 7 Other salaries and wages 8 Pension plan accruais and contributions (include section 401(k) and 405(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for sorvices (nonemployees):  a Management b Legal c Accounting d Lobbying d Lobbying 7 Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, (illine 11g anoust sceeck 10% of line 25, column (A) arount, list line 11g anoust sceeck 10% of line 25, column (A) arount, list line 11g anoust sceeck 10% of line 25, column (A) arount, list line 11g anoust sceeck 10% of line 25, column (A) arount, list line 11g anoust sceeck 10% of line 25, column (A) arount, list line 11g anoust sceeck 10% of line 25, column (A) arount, list line 12g anoust sceeck 10% of line 25, column (A) arount, list line 12g anoust sceeck 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) arount, list line 24e arount access 10% of line 25, column (A) aro |          | persons (as defined under section 4958(f)(1)) and                                   |  |  |  |  |
| 8 Pension plan accruals and contributions (not use section 401(k) and 408(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees):   |          | persons described in section 4958(c)(3)(B)  |  |  |  |  |
| section 401 (k) and 403(b) employer contributions)  Other employee benefits  Payroll taxes    11   Fees for services (nonemployees):   | 7        | Other salaries and wages  |  |  |  |  |
| 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, cdume (A), unrout, list line 1 geopeness on Schedule C) 4 Advertising and promotion 13 Office expenses for any federal, state, or local public officials Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Insurance 12 Payments to affiliates 13 Insurance 14 John Application (A)  | 8        | Pension plan accruals and contributions (include                                    |  |  |  |  |
| 10   Payroll taxes   |          |   |  |  |  |  |
| 10   Payroll taxes   | 9        | Other employee benefits   |  |  |  |  |
| 11   Fees for services (nenemployees):   | 10       | Payroll taxes   |  |  |  |  |
| b Legal c Accounting d Lobbying  | 11       | Fees for services (nonemployees):   |  |  |  |  |
| b Legal c Accounting d Lobbying  | а        | Management  |  |  |  |  |
| c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (filine 11g expenses on Schedule C.)  12 Advertising and promotion 13 Office expenses  | b        | Legal   |  |  |  |  |
| d Lobbying e Professional fundralsing services. See Part IV, line 17 f Investment management fees g Other. (Il line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g sergenses on Schedule C.)  2 Advertising and promotion 3 Office expenses on Schedule C.)  4 Information technology 15 Royaltilos 6 Occupancy 17 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule C.) 1a Educational Program Pits 1, 296, 063 1, 296, 063 1, 296, 063 1, 296, 063 1, 296, 063 1, 296, 063 1, 296, 063 1, 297, 063 1, 298, 083 1, 298, 083 1, 298, 099 2, 499   | C        | Accounting  |  |  |  |  |
| f Investment management fees g Other, (il line 11g arount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule C.)  12 Advertising and promotion 13 Office expenses 7, 490 4, 748 2, 742  14 Information technology 15 Royalties 8 2, Royalties 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8   | d        | Labbidaa  |  |  |  |  |
| g Other (If line 11g amount exceeds 10% of line 25, coturn (A) amount, itst line 11g expenses on Schedule C.)  2. Advertising and promotion  2. Information technology  3. Royalties  3. Cocupancy  4. Travel  5. Payments of travel or entertainment expenses for any federal, state, or local public officials  6. Conferences, conventions, and meetings  1. Interest  1. Payments to affiliates  2. Depreciation, depletion, and amortization  1. Insurance  2. Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Educational Program Pmts  b. Scholarships  3. 4, 866  3. 4, 866  3. 5 xeg Expenses  4, 0.01  e All other expenses  3. 289  790  2, 499  | e        | <del>-</del> '  |  | The second secon | The control of the co |  |
| (A) amount, list line 11g expenses on Schedule C.)  Advertising and promotion  Office expenses  7,490  4,748  2,742  Information technology  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  Interest  10 Payments to affiliates  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  1 Insurance  1 Insurance  2 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Educational Program Pmts  b Scholarships  3 1,296,063  1,296,063  1,296,063  1,296,063  4,001  4,001  e All other expenses  3,289  790  2,499  | f        | Investment management fees  |  |  |  |  |
| 12 Advertising and promotion 13 Office expenses 17,490 4,748 2,742  14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 1 Insurance 1 Depreciation, depletion, and amortization 1 Insurance 1 A95 2 Office expenses it line 24e expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2 Educational Program Pmts 3 B Scholarships 4,001 5 Swag Expenses 4,001 6 All other expenses 3,289 790 2,499   | g        |   |  |  |  |  |
| 13 Office expenses   |          |   |  |  |  |  |
| 14   |          |   |  |  |  |  |
| 15   Royalties   |          | Office expenses   | 7,490  | 4,748  | 2,742  | <u> </u>   |
| 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2a Educational Program Pmts 2b Scholarships 3d, 866 3d |          | Information technology  |  |  |  |  |
| 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2a Educational Program Pmts 34,866 34,866 5 Sterling Scholars 17,978 17,978 2,499 2,499   |          | Royalties   |  |  |  |  |
| Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  Payments to affiliates Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  Educational Program Pmts Scholarships Scholarships Scholarships Al, 866 Sterling Scholars T7, 978 Al Swag Expenses Al, 001  All other expenses All other expenses  3, 289 790 2, 499   |          | Occupancy   |  |  |  | ·  |
| for any federal, state, or local public officials  19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance   | 17       | Travel  |  |  |  |  |
| 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.  a Educational Program Pmts b Scholarships c Sterling Scholars c Sterling Scholars d Swag Expenses 4,001  e All other expenses  3,289  790  2495  495  495  495  495  495  495  49   | 18       |   |  |  |  |  |
| 20   Interest   21   Payments to affiliates   22   Depreciation, depletion, and amortization   23   Insurance   495   495   24   Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   a   |          |   |  |  |  |  |
| Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Educational Program Pmts b Scholarships  C Sterling Scholars d Swag Expenses 4,001  e All other expenses  3,289  790  2495  495  495  495  495  495  495  49  |          |   |  |  |  | <u> </u>   |
| Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  Educational Program Pmts Scholarships Scholarships Scholarships Sterling Scholars Swag Expenses All other expenses  All other expenses  Jay 5  495  495  1,296,063  1,296,063  1,296,063  1,296,063  1,296,063  1,7978  17,978  4,001  4,001  4,001  All other expenses 3,289  790 2,499   |          |   |  |  |  |  |
| 1  |          | Payments to affiliates  |  |  |  |  |
| Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Educational Program Pmts  |          |   | 405  |  | 405  | <u> </u>   |
| above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Educational Program Pmts   |          | Insurance (family and a second  | 495  |  | 495  |  |
| ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a   | 24       | •   |  | And Share An interest of the control | The part of the pa |  |
| (A) amount, list line 24e expenses on Schedule O.) a Educational Program Pmts b Scholarships   |          | •   | The same of the sa | The second secon | And the state of t | **************************************   |
| a Educational Program Pmts b Scholarships c Sterling Scholars d Swag Expenses 4,001 e All other expenses 1,296,063 1,296,063 34,866 34,866 4,001 4,001 2,499   |          |   | The second action where the second se | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | THE TAIL THE PARTY AND ADDRESS AND THE PARTY AND ADDRESS AND ADDRE | AND AND THE PROPERTY OF THE PR |
| b Scholarships 34,866 34,866 c Sterling Scholars 17,978 17,978 d Swag Expenses 4,001 4,001 e All other expenses 3,289 790 2,499  | _        | · · · · · · · · · · · · · · · · · · ·   | 1 206 062  | 1 206 262  | I gament A to the survey of th | The state of the s |
| c Sterling Scholars     17,978     17,978       d Swag Expenses     4,001     4,001       e All other expenses     3,289     790     2,499   |          |   |  |  |  |  |
| d Swag Expenses     4,001     4,001       e All other expenses     3,289     790     2,499   |          |   |  | · · · · · · · · · · · · · · · · · · ·  |  | <u></u>  |
| e All other expenses 3,289 790 2,499   | _        |   |  | · · · · · · · · · · · · · · · · · · ·  |  |  |
| **************************************   |          | All ather expenses  |  |  |  |  |
|  |          |   |  | }  |  |  |
| 26 Joint costs. Complete this line only if the   | 25<br>26 | Total functional expenses. Add lines 1 through 24e                                  | 1,304,182  | 1,354,445  | 9,737  | 0  |
| organization reported in column (B) joint costs  |          | organization reported in column (B) joint costs                                     |  |  |  |  |
| from a combined educational campaign and   |          | from a combined educational campaign and  |  |  |  |  |
| fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720) if   |          |   |  |  |  |  |

| Pa                 | rt)       | Balance Sheet   |  |  | · · · · · · · · · · · · · · · · · · ·  |
|--------------------|-----------|---|--|--|--|
|                    |           | Check if Schedule O contains a response or note to any line in this Part X                      |  |  |  |
|                    |           |   | (A)  |  | (B)  |
|                    |           |   | Beginning of year  |  | End of year  |
|                    | 1         | Cash—non-interest-bearing   |  | 1_   |  |
|                    | 2         | Savings and temporary cash investments  | 1,875,617  | _2   | 2,074,690  |
|                    | 3         | Pledges and grants receivable, net  |  | 3  |  |
|                    | 4         | Accounts receivable, net  |  | 4  |  |
|                    | 5         | Loans and other receivables from any current or former officer, director,                       | Constant of the second of the  | A 10.0   | AND THE CONTROL OF TH |
|                    |           | trustee, key employee, creator or founder, substantial contributor, or 35%                      | A STATE OF THE STA | 77127727   | ######################################   |
| ł                  |           | controlled entity or family member of any of these persons                                      |  | _5   |  |
|                    | 6         | Loans and other receivables from other disqualified persons (as defined                         | Control of the contro | Girani.  |  |
| 홟                  |           | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)                       |  | 6  |  |
| Assets             | 7         | Notes and loans receivable, net   |  | 7  |  |
| ٩                  | 8         | Inventories for sale or use   |  | 8  |  |
|                    | 9         | Prepaid expenses and deferred charges   |  | 9  |  |
|                    | 10a       | Land, buildings, and equipment: cost or other   | Page 1, 2 in control to the control  | 71.00  | A CONTROL OF THE PARTY OF THE P |
|                    |           | basis. Complete Part VI of Schedule D 10a   | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | A COLUMN TO THE  | THE TANK THE PROPERTY OF THE P |
|                    | b         | Less: accumulated depreciation 10b  |  | 10c  |  |
|                    | 11        | Investments—publicly traded securities  |  | 11   |  |
|                    | 12        | Investments—other securities. See Part IV, line 11  |  | 12   |  |
|                    | 13        | Investments—program-related. See Part IV, line 11   |  | 13   |  |
| ı                  | 14        | Intangible assets   |  | 14   |  |
| Ì                  | 15        | Other assets. See Part IV, line 11  |  | 15   |  |
| $\overline{}$      | 16        | Total assets. Add lines 1 through 15 (must equal line 33)                                       | 1,875,617  | 16   | 2,074,690  |
|                    | 17        | Accounts payable and accrued expenses   |  | 17   |  |
|                    | 18        | Grants payable  |  | 18   |  |
|                    | 19        | Deferred revenue  |  | 19   |  |
|                    | 20        | Tax-exempt bond liabilities   |  | 20   |  |
|                    | 21        | Escrow or custodial account liability. Complete Part IV of Schedule D                           |  | 21   |  |
| es                 | 22        | Loans and other payables to any current or former officer, director,                            | THE STATE OF THE S |  | ANY SECTION OF THE SE |
| Liabilities        |           | trustee, key employee, creator or founder, substantial contributor, or 35%                      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  |
| <u> </u>           |           | controlled entity or family member of any of these persons                                      |  | 22   |  |
| į.                 | 23        | Secured mortgages and notes payable to unrelated third parties                                  |  | 23   |  |
|                    | 24        | Unsecured notes and loans payable to unrelated third parties                                    |  | 24   |  |
| - 13               | 25        | Other liabilities (including federal income tax, payables to related third                      |  |  |  |
|                    |           | parties, and other liabilities not included on lines 17-24). Complete Part X                    |  |  |  |
|                    |           | of Schedule D   |  | 25   |  |
| -+                 | 26        | Total liabilities. Add lines 17 through 25  | 0  | 26   | 0  |
| S                  |           | Organizations that follow FASB ASC 958, check here ▶ X  | 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -  |  | The state of the s |
| Balances           | ~=        | and complete lines 27, 28, 32, and 33.  |  | ACCEPTANCE OF THE PARTY OF THE  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| ala<br>I           | 27        | Net assets without donor restrictions   | 203,671  |  | 229,815<br>1,844,875   |
| m i                | 28        | Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here ▶ | 1,671,946  | 28   | 1,844,875  |
| Š                  |           |   | William Committee Committe | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | The state of the s |
| Net Assets or Fund |           | and complete lines 29 through 33.   | THE PARTY OF THE P | The late of the la |  |
| tş [               | 29        | Capital stock or trust principal, or current funds  |  | 29   |  |
| SSe                | 30        | Paid-in or capital surplus, or land, building, or equipment fund                                |  | 30   |  |
| ا لا               | 31        | Retained earnings, endowment, accumulated income, or other funds                                | 1 000 000  | 31   |  |
| 2   S              | 32        | Total net assets or fund balances   | 1,875,617  |  | 2,074,690  |
| ;                  | <u>33</u> | Total liabilities and net assets/fund balances  | 1,875,617  | 33   | 2,074,690  |

Form **990** (2020)

| Form | 990 (2020) The Washington County School 87-0439582  |                   |   | Pa               | ge 12     |
|------|---|-------------------|---|------------------|-----------|
| Pa   | It 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                 | 1,5   | 53,              | 255       |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2                 | 1,3   | 54,              | 182       |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3                 | 1   | 99,              | 073       |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | 4                 | 1,8   | 75,              | 617       |
| 5    | Net unrealized gains (losses) on investments  | 5                 |   |                  |           |
| 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                 |   |                  |           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |                   |   |                  |           |
|      | 32, column (B))   | 10                | 2,0   | 74,              | 690       |
| Pa   | rt XII Financial Statements and Reporting   |                   | <del></del>   |                  |           |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                    |                   |   |                  |           |
|      |   |                   |   | Yes              | No        |
| 1    | Accounting method used to prepare the Form 990: X Cash Accrual Other  |                   | P   |                  | 100 20000 |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in           |                   | N 100 L 200   |                  |           |
|      | Schedule O.   |                   | 2000 - 10  |                  |           |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |                   | 2a  |                  | X         |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |                   |   |                  |           |
|      | reviewed on a separate basis, consolidated basis, or both:  |                   | 3333333333333   |                  |           |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |                   | No.   |                  |           |
| b    | Were the organization's financial statements audited by an independent accountant?                              |                   | 2b  | AND THE PERSON   | X         |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         |                   |   | Million S.       |           |
|      | separate basis, consolidated basis, or both:  |                   | 10 page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |                  |           |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |                   | 201 miles Angeles<br>201 miles<br>201 mile | 1.20001          |           |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of  |                   | 22.27.227.123   | (/01/27/01/27/7/ |           |
|      | the audit, review, or compilation of its financial statements and selection of an independent accountant?       |                   | 20  |                  |           |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on   | • • • • • • • • • |   |                  |           |
|      | Schedule O.   |                   |   |                  |           |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the |                   |   | AND BEEN         | 1981-2007 |
|      | Single Audit Act and OMB Circular A-133?  |                   | 3a  |                  |           |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the    | • • • • • • • •   | <u>Ja</u>   |                  | $\vdash$  |
| -    | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits         |                   | 24  |                  |           |

Form **990** (2020)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2020
Open to Public

Inspection

Internal Revenue Service

Name of the organization

The Washington County School District Foundation

87-0439582

Employer identification number

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ...... Provide the following information about the supported organization(s).

| (i) Name of supported<br>organization | (ii) EIN  | (III) Type of organization<br>(described on Ilnes 1–10<br>above (see instructions)) | (iv) Is the o<br>listed in you<br>docur | r governing  |    | (vi) Amount of<br>other support (see<br>instructions) |  |
|---------------------------------------|---|---|---|--|----|---|--|
|                                       |   |   | Yes                                     | No   |    | <u>-</u>  |  |
| (A)                                   |   |   |   |  |    |   |  |
| B)                                    | ,   |   |   |  |    |   |  |
| C)                                    | , Land Villeria VII.  | .,  |   |  |    |   |  |
| D)                                    |   |   |   |  | ., |   |  |
| E)                                    |   |   |   |  |    |   |  |
| otal                                  | Ç. Aranında ili şaranın ili saranın ili |   | 417 1941 971 441                        | The Victor of the Control of the Con |    |   |  |

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

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

| Sec              | tion A. Public Support   |                                       |  |  |  |  |               |
|------------------|--|---------------------------------------|--|--|--|--|---------------|
| Caler            | ndar year (or fiscal year beginning in)  | (a) 2016                              | <b>(b)</b> 2017  | (c) 2018   | (d) 2019   | (e) 2020   | (f) Total     |
| 1                | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 651,993                               | 632,361  | 699,229  | 756,989  | 1,542,355  | 4,282,927     |
| 2                | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                                       |  |  |  |  |               |
| 3                | The value of services or facilities furnished by a governmental unit to the organization without charge  |                                       |  |  |  |  |               |
| 4                | Total. Add lines 1 through 3   | 651,993                               | 632,361  | 699,229  | 756,989  | 1,542,355  | 4,282,927     |
| 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)   |                                       | The state of the s | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  | 7.000 (Fig. 1) (Fig. 1) (Fig. 1)   | 2,712         |
| <u>6</u>         | Public support. Subtract line 5 from line 4 tion B. Total Support  |                                       | AND  | Account to the second s |  | A CONTRACTOR OF THE CONTRACTOR | 4,280,215     |
|                  | ndar year (or fiscal year beginning in)  | (a) 2016                              | <b>(b)</b> 2017  | (c) 2018   | (d) 2019   | (a) 0000   |               |
| 7                | Annual desired the second  | 651,993                               |  | 699,229  |  | (e) 2020   | (f) Total     |
| 8                | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from  |                                       | 632,361  |  | 756,989  | 1,542,355  | 4,282,927     |
|                  | similar sources  | 14,408                                | 22,893   | 28,166   | 30,105   | 20,900   | 116,472       |
| 9                | Net income from unrelated business activities, whether or not the business is regularly carried on   |                                       |  |  |  |  |               |
| 10               | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                                       |  |  |  |  |               |
| 11               | Total support. Add lines 7 through 10  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2 Supple of the Park Conference of the Park C | The state of the s | A CONTROL OF THE CONTROL OF T | TO ANY THE PARTY OF THE PARTY O | 4,399,399     |
| 12               | Gross receipts from related activities, etc.   | (see instructions)                    |  |  |  | 12   |               |
| 13               | First 5 years. If the Form 990 is for the or   | ganization's first, s                 | econd, third, fourth   | n, or fifth tax year a   | as a section 501(c)  | )(3)   |               |
|                  | organization, check this box and stop her  |                                       | <u></u> .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |  | <u></u>  |  | , <b>&gt;</b> |
| Sec              | tion C. Computation of Public Su   |                                       |  |  |  |  |               |
| 14               | Public support percentage for 2020 (line 6   | i, column (f) divided                 | l by line 11, colum  | n (f))   |  | 14   | 97.29%        |
| 15               | Public support percentage from 2019 Sch  |                                       |  | ,,,  |  | 15   | 95.95%        |
| 1 <del>6</del> a | 33 1/3% support test—2020. If the organ  |                                       |  |  | 33 1/3% or more, o   | heck this  | . —           |
|                  | box and stop here. The organization quali  |                                       |  |  |  |  | ► X           |
| b                | 33 1/3% support test—2019. If the organ  |                                       |  |  | 5 is 33 1/3% or m  | ore, check   | , _           |
| 17-              | this box and <b>stop here.</b> The organization  |                                       |  |  |  |  | ▶ ∐           |
| 17a              | 10%-facts-and-circumstances test—202   |                                       |  |  |  |  |               |
|                  | 10% or more, and if the organization meet Part VI how the organization meets the "fa   |                                       |  |  |  |  |               |
|                  |  |                                       |  | •  |  |  | <b>.</b> 🗀    |
| b                | organization 10%-facts-and-circumstances test—201  | In If the ergenization                | on did not about a   | hou on line 40, 40   |  |  |               |
| b                |  |                                       |  |  |  |  |               |
|                  | 15 is 10% or more, and if the organization in Part VI how the organization meets the   |                                       |  |  |  |  |               |
|                  |  |                                       |  | - ,  | •  | • •  | . ⊢           |
| 18               | organization Private foundation. If the organization did   | d not abook a bey                     | n line 12 10c 10   | h 170 or 176   | ole this barrand   |  | ▶ ∟           |
| 10               |  |                                       |  |  |  |  | <b>.</b> –    |
|                  | instructions   |                                       |  |  |  |  | ▶ ∟           |

Schedule A (Form 990 or 990-EZ) 2020 Part III

n 990 or 990-EZ) 2020 The Washington County School
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.)

| Sec       | tion A. Public Support   | <u>i.</u>  |  | solotti picaso t   | Jempieto i ait ii  | •/   | <del></del>    |
|-----------|--|--|--|--|--|--|----------------|
|           | ndar year (or fiscal year beginning in)  | (a) 2016   | <b>(b)</b> 2017  | (c) 2018   | (d) 2019   | (e) 2020   | (f) Total      |
| 1         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | (=) = 0   0  | (4) 2017   | (0) 2010   | (4) 2010   | (e) 2020   | (i) Total      |
| 2         | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |  |  |  |  |  |                |
| 3         | Gross receipts from activities that are not an unrelated trade or business under section 513   |  |  |  |  |  |                |
| 4         | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |  |  |  |  |  |                |
| 5         | The value of services or facilities furnished by a governmental unit to the organization without charge  |  |  |  |  |  |                |
| 6         | Total. Add lines 1 through 5   |  |  |  |  |  |                |
| 7a        | Amounts included on lines 1, 2, and 3 received from disqualified persons   |  |  |  |  |  |                |
| b         | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |  |  |  |  |  |                |
| C         | Add lines 7a and 7b  |  |  |  |  |  |                |
| 8         | Public support. (Subtract line 7c from   | A THE STATE OF THE | A STATE OF THE STA | ACTOR AND STATE OF THE STATE OF | Service of the servic | The state of the s |                |
| 0         | line 6.) tion B. Total Support   |  | The second secon | 330 (1 17 17 17 17 17 17 17 17 17 17 17 17 17  | A 7 / AND 1 WIND TO SELECT THE SE | THE STATE OF THE S | ·              |
|           |  |  | T  | <del></del>  | <del></del>  | <del></del>  |                |
|           | ndar year (or fiscal year beginning in)  | (a) 2016   | <b>(b)</b> 2017  | (c) 2018   | (d) 2019   | (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  |  |  |  | ;<br>;   |  |                |
| b         | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |  |  |  |  |  |                |
| C         | Add lines 10a and 10b  |  |  |  |  |  |                |
| 11        | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |  | , <u>-</u>   | , <u>, , , , , , , , , , , , , , , , , , </u>  |  |  | <u>_</u>       |
| 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.)   | L  | <u> </u>   |  |  | <u> </u>   |                |
| 14        | First 5 years. If the Form 990 is for the or   |  | second, third, fourt   | h, or fifth tax year   | as a section 501 (c  | )(3)   |                |
| Co.       | organization, check this box and stop her  |  |  |  |  |  | <u></u> ▶ L    |
|           | tion C. Computation of Public Su   | ipport Percer  | itage  |  |  |  |                |
| 15        | Public support percentage for 2020 (line 8   | , column (f), divid  | ed by line 13, colur   | nn (f))  |  | 15   | %              |
| 16<br>Soo | Public support percentage from 2019 Sch  | <u>edule A, Part III, ji</u>   | ne 15  | *************  |  | 16   | %              |
|           | tion D. Computation of Investme  |  |  |  |  |  |                |
| 17        | Investment income percentage for 2020 (I   | ine 10c, column (1   | ), divided by line 1:  | 3, column (f))   |  |  | %              |
|           | Investment income percentage from 2019 9   |  |  |  |  |  | %              |
| 19a       | 33 1/3% support tests—2020. If the orga  |  |  |  |  |  |                |
| h         | 17 is not more than 33 1/3%, check this b  | ox and stop here.  | ne organization  | qualities as a publ  | icly supported orga  | inization  | ▶ ∟            |
| b         | 33 1/3% support tests—2019. If the orga  |  |  |  |  |  |                |
| 20        | line 18 is not more than 33 1/3%, check the  | iis uux and <b>stop r</b><br>4 not chaak a bay   | on line 14, 100, 55  | tion qualifies as a  | publicly supported   | organization   | ₹ ⊨            |
|           | Private foundation. If the organization die  | a not check a box  | on line 14, 19a, or  | ISD, CHECK THIS D  | ox and see instruct  | ions   | ····· <u> </u> |

Schedule A (Form 990 or 990-EZ) 2020 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer За lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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.)

| &3   | Yes  | No   |
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| Pai  | rt IV Supporting Organizations (continued)   |  |  |  |
|------|--|--|--|--|
|      |  |  | Yes  | No   |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?  | ### 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 0.0000000000000000000000000000000000000  | 7.07.17.17.17.17.17.17.17.17.17.17.17.17.17  |
| а    | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and   | 7,77, VV 1,571,  |  | 73,7110, 191,741,740,<br>131,741,741,741,741,741,741,741,741,741,74  |
|      | 11c below, the governing body of a supported organization?   | 11a  |  |  |
| b    | , ,  | 11b  |  |  |
| C    | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   | Special and the second   |  | THE STATE OF THE S |
| C4   | detail in Part VI.   | 11c  |  |  |
| Seçt | ion B. Type I Supporting Organizations   |  |  | г  |
| _    |  | Fileson and W  | Yes  | No   |
| 1    | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or   | 2  |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
|      | 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)  | 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,  |  | 10 10 10 10 10 10 10 10 10 10 10 10 10 1   |
|      | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported   | 1  |  |  |
|      | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   |  | 100000000000000000000000000000000000000  |  |
| ^    | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1  |  |  |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  | STATE AND THE STATE OF THE STAT |
|      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  | 200 100 100 100 100 100 100 100 100 100  | 1  | 100  |
|      | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   | Agents (a de la companya de la compa |  | 1,100  |
| Sect | supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations   | 2  |  |  |
| Jeci | ion o. Type if Supporting Organizations  |  | T  |  |
| 1    | Wara a majority of the organization's directors or trustoes during the touring the trustoes during the   | 7900 m 575 m   | Yes  | No   |
| •    | 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 | 10000000   |  |  |
|      | or management of the supporting organization was vested in the same persons that controlled or managed   | # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  | (4,  |
|      | the supported organization(s).   |  |  |  |
| Sect | ion D. All Type III Supporting Organizations   |  | L  |  |
|      |  |  | V  | T N  |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   | 744.77,00000<br>744.747,710000<br>744.747,710000   | Yes  | No   |
| •    | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  | 100 mm   |  |  |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   | September 19 Marie 19 | 174411   | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1  |  | 7,000  |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   | 200 C C C C C C C C C C C C C C C C C C  |  |  |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   | Section 1 to the section of the sect |  | The second secon |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2  |  | 200000000000000000000000000000000000000  |
| 3    | By reason of the relationship described in line 2, above, did the organization's supported organizations have  | Control Contro |  | 770000000000000000000000000000000000000  |
|      | a significant voice in the organization's investment policies and in directing the use of the organization's   | Party and the control of the control | 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |  |
|      | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   | Company or a state of the company of |  | **************************************   |
|      | supported organizations played in this regard.   | 3  |  |  |
| Sect | ion E. Type III Functionally-Integrated Supporting Organizations   |  |  |  |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  | ions).   |  |  |
| а    | The organization satisfied the Activities Test. Complete line 2 below.   |  |  |  |
| b    | The organization is the parent of each of its supported organizations. Complete line 3 below.  |  |  |  |
| ,C   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see   | instructions   | <u>).</u>  |  |
| 2    | Activities Test. Answer lines 2a and 2b below.   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | Yes  | No   |
| а    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   | A STATE OF THE STA |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
|      | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   | A Company of the Comp |  |  |
|      | those supported organizations and explain how these activities directly furthered their exempt purposes,   |  | 2012 CAN   | A CONTRACTOR OF THE CONTRACTOR |
|      | how the organization was responsive to those supported organizations, and how the organization determined  | 200 mm m m m m m m m m m m m m m m m m m   |  | 27 1 27 1 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2  |
|      | that these activities constituted substantially all of its activities.   | 2a   |  |  |
| b    | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 11111111111111111111111111111111111111   | 100000000000000000000000000000000000000  |
|      | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   | 9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1  | # 1 man 1 ma | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
|      | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in   | A CONTROL OF THE PARTY OF THE P |  | 22327 1332 202<br>22327 1332 202   |
|      | these activities but for the organization's involvement.   | 2b   |  | Hillian - 1821 - 1   |
| 3    | Parent of Supported Organizations. Answer lines 3a and 3b below.   | # 150 mm 1   |  |  |
| а    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  | ij.  | ***************************************  | 1771 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
|      | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI,   | 3a   | V or District  |  |
| b    | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |  |  |  |
|      | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  | 3b   |  |  |

| Sched | Jle A (Form 990 or 990-EZ) 2020 The Washington County School                                |        | 87-0439  | 582 Page 6   |
|-------|---|--------|--|--|
| Pa    |   |        |  |  |
| 1     | Check here if the organization satisfied the Integral Part Test as a qualifying trust on No |        |  |  |
|       | instructions. All other Type III non-functionally integrated supporting organizations mus   | t com  | plete Sections A through E   | •  |
| Sect  | tion A – Adjusted Net Income  |        | (A) Prior Year   | (B) Current Year<br>(optional)   |
| 1     | Net short-term capital gain   | 1      | -  | (  |
| 2     | Recoveries of prior-year distributions  | 2      |  |  |
| 3     | Other gross income (see instructions)   | 3      |  | ·  |
| 4     | Add lines 1 through 3.  | 4      |  |  |
| 5     | Depreciation and depletion  | 5      |  |  |
| 6     | Portion of operating expenses paid or incurred for production or collection of              |        |  |  |
|       | gross income or for management, conservation, or maintenance of property                    |        |  |  |
|       | held for production of income (see instructions)  | 6      |  |  |
| 7     | Other expenses (see instructions)   | 7      |  |  |
| 8     | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                                | 8      |  |  |
| Sect  | tion B – Minimum Asset Amount   |        | (A) Prior Year   | (B) Current Year<br>(optional)   |
| 1     | Aggregate fair market value of all non-exempt-use assets (see                               |        |  |  |
|       | instructions for short tax year or assets held for part of year):                           |        | A LINE FOR THE CONTROL OF THE CONTRO | The second secon |
|       | Average monthly value of securities   | 1a     |  |  |
|       | Average monthly cash balances   | 1b     |  |  |
|       | Fair market value of other non-exempt-use assets  | 1c     |  |  |
|       | Total (add lines 1a, 1b, and 1c)  | 1d     |  |  |
| 6     | Discount claimed for blockage or other factors  |        | The second secon | 2007 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)   |
|       | (explain in detail in <b>Part VI</b> ):   |        | A TANKA PARA ANTANYA MARANA MA | 292 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -   |
| 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,                 | 1      |  |  |
|       | see Instructions).  | 4      |  |  |
| 5     | Net value of non-exempt-use assets (subtract line 4 from line 3)                            | 5      |  |  |
| 6     | Multiply line 5 by 0.035.   | 6      |  |  |
| 7     | Recoveries of prior-year distributions  | 7      |  |  |
| 8_    | Minimum Asset Amount (add line 7 to line 6)   | 8      |  |  |
| Sect  | ion C – Distributable Amount  |        |  | Current Year   |
| 1_    | Adjusted net income for prior year (from Section A, line 8, column A)                       | 1      |  |  |
| 2     | Enter 0.85 of line 1.   | 2      | Manager year on the property of the property o |  |
| 3_    | Minimum asset amount for prior year (from Section B, line 8, column A)                      | 3      | An investment of a primary series of a primary series of the series of t |  |
| 4     | Enter greater of line 2 or line 3.  | 4      | A CONTROL OF THE CONT |  |
| 5     | Income tax imposed in prior year  | 5      | AND  |  |
| 6     | Distributable Amount. Subtract line 5 from line 4, unless subject to                        |        | THE STATE OF THE S |  |
|       | emergency temporary reduction (see instructions).   | 6      | And the second of the second o |  |
| 7     | Check here if the current year is the organization's first as a non-functionally integrated | Type I | Il supporting organization   | · <del></del>  |

(see instructions).

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Secti  | Section D – Distributions  |  |  |  |  |  |  |  |
| 1  | Amounts paid to supported organizations to accomplish exempt purpo   |  |  |  |  |  |  |  |
| 2  | Amounts paid to perform activity that directly furthers exempt purposes  |  |  |  |  |  |  |  |
|  | organizations, in excess of income from activity   |  |  |  |  |  |  |  |
| 3  | Administrative expenses paid to accomplish exempt purposes of supp   | orted organizations  |  |  |  |  |  |  |
| 4  | Amounts paid to acquire exempt-use assets  |  |  |  |  |  |  |  |
| 5  | Qualified set-aside amounts (prior IRS approval required—provide det   | ails in <b>Part VI</b> )   |  | _  |  |  |  |  |
| 6  | Other distributions (describe in Part VI). See instructions.   |  |  |  |  |  |  |  |
| 7  | Total annual distributions. Add lines 1 through 6.   |  |  |  |  |  |  |  |
| 8  | Distributions to attentive supported organizations to which the organizations  | ation is responsive  |  |  |  |  |  |  |
|  | (provide details in Part VI). See instructions.  |  |  |  |  |  |  |  |
| 9  | Distributable amount for 2020 from Section C, line 6   |  |  |  |  |  |  |  |
| 10   | Line 8 amount divided by line 9 amount   |  |  |  |  |  |  |  |
|  |  | (i)  | (ii)   | (iii)  |  |  |  |  |
| Secti  | on E - Distribution Allocations (see instructions)   | Excess Distributions   | Underdistributions   | Distributable  |  |  |  |  |
|  |  |  | Pre-2020   | Amount for 2020  |  |  |  |  |
| 1  | Distributable amount for 2020 from Section C, line 6   | CONTROL OF THE PARTY OF THE PAR | STATE OF THE STATE |  |  |  |  |  |
| 2  | Underdistributions, if any, for years prior to 2020  | The state of the s |  | party and the control of the control |  |  |  |  |
|  | (reasonable cause required-explain in Part VI). See  | The same of the sa |  | The state of the s |  |  |  |  |
|  | instructions.  | THE RESERVE OF THE PROPERTY OF |  | A CONTROL OF THE PROPERTY OF T |  |  |  |  |
| 3  | Excess distributions carryover, if any, to 2020  | A CANADA  |  | THE PARTY OF THE P |  |  |  |  |
|  | From 2015  | Entrope in the second of the s | AND THE RESERVE OF THE PROPERTY OF THE PROPERT |  |  |  |  |  |
|  | From 2016  | A STATE OF THE STA |  | and Committee of the Co |  |  |  |  |
|  | From 2017  | Section 1 to 1   | The state of the s | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE |  |  |  |  |
|  | From 2018  | A CONTRACT OF THE PROPERTY OF  | The state of the s |  |  |  |  |  |
|  | From 2019  | 100 color 100 co |  | ATAMONTAL STUDIES AND STATEMENT OF THE S |  |  |  |  |
|  | Total of lines 3a through 3e   | The state of the s | 10 10 10 10 10 10 10 10 10 10 10 10 10 1   |  |  |  |  |  |
|  | Applied to underdistributions of prior years   | Control of the contro |  |  |  |  |  |  |
| <u>h</u>   | Applied to 2020 distributable amount   | A CONTROL OF THE PROPERTY OF T | WENNING THE  |  |  |  |  |  |
| !  | Carryover from 2015 not applied (see instructions)   |  | A TO  | A AMERICA CONTROL OF THE CONTROL OF  |  |  |  |  |
|  | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |  | TANK DEPARTMENT OF THE PROPERTY OF THE PROPERT |  |  |  |  |  |
| 4  | Distributions for 2020 from  | Company of the Compan | FOR A STATE OF THE PARTY OF THE | ### AND THE RESERVE OF THE PARTY OF THE PART |  |  |  |  |
|  | Section D, line 7: \$  | SO THE PARTY OF TH | A War war and a second of the  | A CONTRACTOR OF THE CONTRACTOR |  |  |  |  |
|  | Applied to underdistributions of prior years   | A STATE OF THE PROPERTY OF THE |  | A LANGE AND THE CONTROL OF THE CONTR |  |  |  |  |
|  | Applied to 2020 distributable amount   | A CONTROL OF THE PARTY OF THE P | And Andrew William I American Street, and the second street, and the | 22.200. 10 Marin 10 M |  |  |  |  |
|  | Remainder, Subtract lines 4a and 4b from line 4.   | No. of the second secon | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 201,014,740,740,010,010,010,010,010,010,010,010,010,0  |  |  |  |  |
| 5  | Remaining underdistributions for years prior to 2020, if   | The state of the s |  | A CONTROL OF THE CONT |  |  |  |  |
|  | any. Subtract lines 3g and 4a from line 2. For result  | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |  | The property of the Art Very and Comment of the Com |  |  |  |  |
|  | greater than zero, explain in Part VI. See instructions.   |  | and the high property of the second of the s |  |  |  |  |  |
| 6  | Remaining underdistributions for 2020 Subtract lines 3h  | A STATE OF THE STA | THE RESERVE AND ADDRESS OF THE PROPERTY OF THE |  |  |  |  |  |
|  | and 4b from line 1. For result greater than zero, explain in   | A A A A A A A A A A A A A A A A A A A  |  |  |  |  |  |  |
|  | Part VI. See instructions.   | A Landard Control of the Control of  | 11.000   | 1.161.131.131.131.1.131.131.131.131.131.   |  |  |  |  |
| 7  | Excess distributions carryover to 2021. Add lines 3j   |  | TO THE RESERVE OF THE PROPERTY |  |  |  |  |  |
| 8  | and 4c.  | A CONTRACT OF THE PROPERTY OF  |  | LANGER STATE OF THE STATE OF TH |  |  |  |  |
|  | Breakdown of line 7: Excess from 2016  | A CONTROL OF THE CONT | The state of the s |  |  |  |  |  |
|  | The state of the s | (  |  |  |  |  |  |  |
|  | Excess from 2017   | The state of the s | The property of the state of th | The state of the s |  |  |  |  |
|  | Excess from 2018   | 4. Springer (construction of the construction  | Indicate the second   |  |  |  |  |  |
|  | Excess from 2019 Excess from 2020  |  | ATTANTANA PERANGGANANGGANANGGANANGGANANGGANANGGANANGGANANGGANANGGANANGGANANGGANANGGANANGGANANGGANANGGANANGGANA   |  |  |  |  |  |
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Schedule A (Form 990 or 990-EZ) 2020

|   | m 990 or 990-EZ) 2020 THE  | wasnington Co  | ounty School  | <u>87-0439582</u>  | Page 8                                  |
|---|--|--|---|--|---|
| Pan VI                                  | Supplemental Information III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Sea, and 3b; Part V, line 1; F lines 2, 5, and 6. Also comp | A, lines 1, 2, 3b, 3c, 4<br>ection C, line 1; Part I'<br>Part V, Section B, line | łb, 4c, 5a, 6, 9a, 9b, 9c,<br>√, Section D, lines 2 and<br>1e: Part V. Section D. lir | 11a, 11b, and 11c; Part IV,<br>3; Part IV, Section E, lines<br>nes 5. 6. and 8: and Part V | 17b; Part<br>Section                    |
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Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Organization type (check one):

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization Employer identification number The Washington County School District Foundation

87-0439582

| Filers of:  | Section:  |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Form 990 or 990-EZ  | X 501(c)( 3 ) (enter number) organization   |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> 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  |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | overed by the <b>General Rule</b> or a <b>Special Rule.</b><br>(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See  |  |  |  |  |  |
| General Rule  |   |  |  |  |  |  |
|   | ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a libutions. |  |  |  |  |  |
| Special Rules   |   |  |  |  |  |  |
| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% 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) inst  | read of the contributor name and address), II, and III.   |  |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filling 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   |   |  |  |  |  |  |
| 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).  |   |  |  |  |  |  |

Name of organization

The Washington County School

Employer identification number 87-0439582

| Part I       | Contributors (see instructions). Use duplicate copies of Pa               | art I if additional space is nee | eded.  |
|--------------|---|----------------------------------|--|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution  |
| . <u>1</u> . | Dixie Power Kite Festival 71 E Hwy 56, HC76, Box 95  Beryl UT 84714       | \$ 50,200                        | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.   | (b)   | (c)                              | (d)  |
| 2            | Name, address, and ZIP + 4  PayPal  PO Box 45950  Omaha  NE 68145         | Total contributions  \$ 39,052   | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZiP + 4   | (c)<br>Total contributions       | (d)  |
| .3           | Boulevard Home Furnishings 390 N Mall Dr St George UT 84790               | \$ 34,459                        | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution  |
| 4            | Beesley Family Foundation PO Box 579 St George UT 84770                   | \$ 40,000                        | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution  |
| .5           | Deseret Trust Company PO Box 11558 Salt Lake City UT 84147                | \$ 94,089                        | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions       | (d)<br>Type of contribution  |
| 6            | Wilkinson's House of Lighting<br>88 East 1160 South<br>St George UT 84770 | \$ 39,226                        | Person Payroll Noncash (Complete Part II for noncash contributions.)   |

Name of organization

The Washington County School

Employer identification number 87-0439582

| Parti      | <b>Contributors</b> (see instructions). Use duplicate copies of Pa             | art I if additional space is ne | eded.  |
|------------|--|---------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| . <b>7</b> | Arrowhead Elementary PTA 545 Arrowhead Trail Santa Clara UT 84765              | \$ 35,988                       | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| . 8        | Paparazzi, LLC<br>4771 South Desert Color Parkway<br>St George UT 84790        | s 152,720                       | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
| 9          | Washington County School District<br>121 West Tabernacle<br>St George UT 84770 | \$ 41,879                       | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
|            |  | \$                              | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
|            |  | \$                              | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions      | (d)<br>Type of contribution  |
|            |  | \$                              | Person Payroll Noncash (Complete Part II for noncash contributions.)   |

Name of organization

The Washington County School

Employer identification number 87-0439582

| Part II                   | Noncash Property (see instructions). Use duplicate | Topies of Fart II II additional space     | Je io Heeded.                           |
|---------------------------|--|---|---|
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given         | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received                    |
| 3                         | School Equipment and Supplies                      | \$ 34,459                                 | 09/30/20                                |
| (a) No.                   | (b)  | (c) FMV (or estimate)                     | (d)                                     |
| Part I                    | Description of noncash property given              | (See instructions.)                       | Date received                           |
| 6                         | Light Fixtures                                     | \$ 39,226                                 | 06/11/21                                |
| (a) No.<br>from           | (b)  Description of noncash property given         | (c)<br>FMV (or estimate)                  | (d) Date received                       |
| Part I                    |  | (See instructions.)                       |   |
|                           |  | \$  |   |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received                    |
|                           |  | \$  |   |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given         | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received                    |
|                           |  | \$  |   |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received                    |
|                           |  | \$  |   |
|                           |  | *   | * |

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

**Noncash Contributions** 

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

Attach to Form 990.

(a)

Check if

anolicable

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

(b)

Number of contributions or

items contributed

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

The Washington County School

Employer identification number

(d)

Method of determining

District Foundation 87-0439582 Types of Property

(c)

Noncash contribution

amounts reported on

|      |   | арриосино    | ROMO COMMIDATES              | Form 990, Part VIII, line 1g            | HOHGASH CORUM                           | duon amounts  |
|------|---|--------------|------------------------------|---|---|---|
| 1    | Art — Works of art  |              |                              |   | ,                                       |   |
| 2    | Art — Historical treasures  |              |                              |   |   |   |
| 3    | Art — Fractional interests  |              |                              |   |   |   |
| 4    | Books and publications  |              |                              |   | - · · · · · · · · · · · · · · · · · · · |   |
| 5    | Clothing and household  |              |                              |   |   |   |
|      | goods   |              |                              |   |   |   |
| 6    | Cars and other vehicles   |              | 288                          |   |   |   |
| 7    | Boats and planes  |              |                              |   |   |   |
| 8    | Intellectual property   |              |                              | ······                                  |   |   |
| 9    | Securities — Publicly traded  |              |                              |   |   |   |
| 10   | Securities — Closely held stock   |              |                              |   |   |   |
|      | Securities — Partnership, LLC,  |              |                              |   |   |   |
| 11   |   |              |                              |   |   |   |
| 40   | or trust interests  |              |                              |   |   |   |
| 12   | Securities — Miscellaneous  |              |                              |   |   |   |
| 13   | Qualified conservation  |              |                              |   |   |   |
|      | contribution — Historic   |              |                              |   |   |   |
|      | structures  |              |                              |   |   | ·   |
| 14   | Qualified conservation  |              |                              |   |   |   |
|      | contribution — Other  |              |                              |   |   |   |
| 15   | Real estate — Residential   |              |                              |   |   |   |
| 16   | Real estate — Commercial  |              |                              |   |   |   |
| 17   | Real estate Other   |              |                              |   |   |   |
| 18   | Collectibles  |              |                              |   |   |   |
| 19   | Food inventory  |              |                              |   |   |   |
| 20   | Drugs and medical supplies  |              |                              |   |   |   |
| 21   | Taxidermy   |              |                              |   |   |   |
| 22   | Historical artifacts  |              |                              |   |   |   |
| 23   | Scientific specimens  |              |                              |   |   |   |
| 24   | Archeological artifacts   |              |                              |   |   |   |
| 25   | Other ►(  | X            | 8                            | 134,152                                 | <u> </u>                                |   |
| 26   | Other ►(  |              |                              |   |   |   |
| 27   | Other ►(  |              |                              |   | ·····                                   |   |
| 28   | Other ▶(  |              | 10 - 11                      |   |   |   |
| 29   | Number of Forms 8283 received by  | the organi   | zation during the tax yea    | r for contributions for                 |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
|      | which the organization completed Fo   |              |                              |   | 29                                      |   |
|      | mion no organization completed i  | ли одоо,     | r art ry, bones not now      | ougomont                                |   | Yes No  |
| 30a  | During the year, did the organization   | receive h    | y contribution any proper    | ty reported in Part I lines             | 1 through                               | IGS NO  |
|      | 28, that it must hold for at least three                                      |              |                              |   |   | \$\text{\$\frac{1}{2}} \text{\$\frac{1}{2}} \text |
|      |   |              |                              |   |   | 20a   |
| b    | to be used for exempt purposes for t<br>If "Yes," describe the arrangement in | Dortii       | rording benods               | *********                               | ·····                                   | 30a X   |
| 31   | Does the organization have a gift acc   |              | action that requires the re- | udous of one monatorial and             |   | A CONTROL OF THE CONT  |
| 31   |   |              |                              | •                                       |   |   |
| 10-  | contributions?  |              |                              |   |   | 31 X  |
| 32a  | Does the organization hire or use thi   | ra parties   | or related organizations     | to solicit, process, or sell n          | oncash                                  |   |
|      |   |              |                              | • | *************************************** | 32a X   |
| b    | If "Yes," describe in Part II.  |              |                              |   |   | A April 1992 (1992)   1992 (19  |
| 33   | If the organization didn't report an an                                       | nount in co  | olumn (c) for a type of pr   | operty for which column (a              | ) is checked,                           | A control of the cont  |
|      | describe in Part II.  |              | ····                         | ······································  |   | A company of the comp  |
| or P | aperwork Reduction Act Notice, see the  | e Instructio | ons for Form 990.            |   |   | Schedule M (Form 990) 2020  |

| Schedule M (For                         | m 990) 2020 <b>T</b>                    | he Washing                              | chedule M (Form 990) 2020 The Washington County School 87-0439582 Page 2 |   |  |  |   |  |
|---|---|---|--|---|--|--|---|--|
| Part II                                 | Supplement<br>the organiza              | ıtal Information.                       | . Provide the info<br>in Part I, column                                  | rmation require<br>(b), the number      | ed by Part I, line<br>er of contribution | s 30b, 32b, and 33                         | and whether                             |  |
|   |   |   |  |   |  |  | -                                       |  |
| •                                       | ••••••                                  |   |  |   |  | •    |   |  |
|   | • |   | ***************************************                                  | ••••••••                                |  | •    | •                                       |  |
|   |   |   | ***************************************                                  | ***************                         | ***************************************  | ******************                         |   |  |
|   |   | •••••••••                               | •••••  |   | •••••                                    | •    | • |  |
|   |   |   |  | ,,                                      |  |  | •••••                                   |  |
|   | •••••                                   |   | •                                  |   |  |  | •••••                                   |  |
|   | •••••                                   |   | •                                  | • | ,  |  |   |  |
|   |   | *************************************** | •                                  |   |  |  | *******************************         |  |
|   |   |   | ····   |   | ****************                         | (1)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4) |   |  |
|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |  |   |  |  |   |  |
|   |   |   |  |   |  |  |   |  |
|   |   |   |  |   |  |  |   |  |
| ,                                       | ,                                       |   | · * * * * * * * * * * * * * * * * * * *                                  |   | *********                                |  | •••••                                   |  |
|   |   |   |  |   | *********                                | •    | •••••••••••                             |  |
|   |   |   |  | *************************************** |  |  | ••••••                                  |  |
|   |   | *************************************** |  | ************                            |  |  |   |  |
|   |   |   |  |   | ,  |  | •••••                                   |  |
|   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |   |  |  |   |  |
| • | • | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | • |  |  | •••••                                   |  |
|   | •••••••                                 | •••••                                   |  |   |  |  | ••••••                                  |  |
|   |   | ••••••••••                              |  |   | •••••                                    |  |   |  |
|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ••••••                                  |  | •••••                                   | •  |  |   |  |
|   |   |   |  |   |  |  | ••••••••                                |  |
|   | • | ,                                       |  | ,.                                      |  |  |   |  |
|   |   |   |  |   |  |  |   |  |
|   |   |   |  |   |  |  |   |  |
|   |   |   |  | ***                                     | •  | ***************************************    |   |  |
|   |   | ••••••                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                  |   |  | ***************************************    |   |  |
|   |   |   |  |   |  |  |   |  |

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

| District Foundation  District Foundation   | Employer identification number 87 - 0439582 |   |  |
|--|---|---|--|
| Form 990, Part III, Line 4d - All Other Accomplish   | nments                                      |   |  |
| Restoration of Historic Educational Building to be used as the District Media Center, a computer training center and for teacher instructional training. |   |   |  |
|  |   |   |  |
|  |   | Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 |  |
| Copies of the 990 are provided to the Director of the Foundation. The board has given him authority to reveiw the return prior to filing. After          |   |   |  |
|  |   | reviewing the return if questions arise he would discuss them with the  |  |
| board. He then signs and files the return  |   |   |  |
|  |   |   |  |
| Form 990, Part VI, Line 12c - Enforcement of Confl   | licts Policy                                |   |  |
| At the boards annual retreat held early in the yea   | ar, the board discusses an                  |   |  |
| y potential conflicts of interest. Any specific co   |   |   |  |
| d noted.   |   |   |  |
|  |   |   |  |
| Form 990 Part VI Line 19 - Coverning Doguments I   | Piggloguro Employation                      |   |  |
| Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  |   |   |  |
| Copies of governing documents, polices, and finance  |   |   |  |
| file and are available to the public upon request.   |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |