Form

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public

Form 990 (2022)

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

Inspection For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23D Employer identification number C Name of organization The Washington County School Check if applicable: Address change District Foundation 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 435-673-3553 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated St. George UT 84770 2,364,358 G Gross receipts\$ Amended return Name and address of principal officer: X No H(a) Is this a group return for subordinates? Yes Application pending 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) (4947(a)(1) or Tax-exempt status:) (insert no.) 527 www.washk12.org/foundation/ Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Year of formation: 1985 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 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 36 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,224,129 2,269,841 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 94 51 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,224,129 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,364,358 13 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) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,189,087 2,138,494 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,189,087 2,138,494 35,042 225,864 19 Revenue less expenses. Subtract line 18 from line 12 or ICES Beginning of Current Year End of Year 2,109,732 2,335, 20 Total assets (Part X, line 16) 596 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 109 335 596 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. Signature of officer Sign Here Steven Dunham Director Type or print name and title Print/Type preparer's name Preparer's signature Check Paid self-employed Ryan N Cramer, CPA Ryan N Cramer 06/19/24 P00633789 Preparer Savage Esplin & Radmall 87-0637407 Firm's name Firm's EIN **Use Only** 20 N Main St Ste 402 84770 435-673-6195 St George, UT May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form 990 (2022) The Washingtor		87-0439582	Page 2
	Service Accomplishments		
Check if Schedule O cor	ntains a response or note to a	ny line in this Part III	<u>X</u>
1 Briefly describe the organization's mission			•
To Serve the Schools	and each student c	of Washington Cou	nty.
2 Did the organization undertake any signi	ficant program services during the ye	ear which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on	Schedule O.		
3 Did the organization cease conducting, of	or make significant changes in how it	conducts, any program	
services?			Yes X No
If "Yes," describe these changes on Sch	edule O.		
4 Describe the organization's program ser expenses. Section 501(c)(3) and 501(c)(
the total expenses, and revenue, if any,		g	,
4a (Code:) (Expenses \$	930,327 including grants	of \$	(Revenue \$ 1,156,192
4a (Code:) (Expenses \$ Educational Program F County School Distriction is benefited.	ayments are made t t. In this way, ea	to each school in the student in the	the Washington ne School District
· · · · · · · · · · · · · · · · · · ·			

• • • • • • • • • • • • • • • • • • • •			
*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
•			
*,,,			• • • • • • • • • • • • • • • • • • • •
	(2,022		(2,020
4b (Code:) (Expenses \$ Scholarships are awar Washington County Hig	ded and paid on be h Schools.	ehalf of success	ul students from

***************************************	• • • • • • • • • • • • • • • • • • • •		***************************************
***************************************		***************************************	
***************************************		***************************************	***************************************
***************************************			***************************************

*			***************************************
4c (Code:) (Expenses \$ Payments are made on County who receive St		s from each high) (Revenue \$ 26,116 school in Washingtor

• • • • • • • • • • • • • • • • • • • •		***************************************	
•			
·····			
••••••			
4d Other program services (Describe on So			
	including grants of \$) (Revenue \$	1,114,164)
4e Total program service expenses	2,133,639		
DAA			Form 990 (202

			Yes	<u>No</u>
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	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		₹
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			₹7
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
U	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		7200 100 100 100 100 100 100 100 100 100	
	VII, VIII, IX, or X, as applicable.		101007770717 101007770717 101007770717	
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			7.7
_	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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		 ^- -
f	the organization's separate of consolidated imandal statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	i	x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	<u>^</u>
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х]
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 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	1		1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	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			1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	 	X 37
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			~
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 Х 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 Χ Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any Individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28¢ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Х 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	990 (2022) The Washington County School 87-0439				Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)		£	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	Section 19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? ִ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	<u> </u>	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		,,,,,,,,,.,,,,,,,,,,,,,,,,,,,,,,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			1992
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	**********************	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	***************************************	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	0				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				ŀ
	gifts were not tax deductible?			6b	<u></u>	
7	Organizations that may receive deductible contributions under section 170(c).				222	131 / 107 V
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods	•	\$117.7111111111111111111111111111111111	411000000000000000000000000000000000000	
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	* * * * * * * * * *		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				1
	required to file Form 8282?			. <u>7с</u>	<u></u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		£.117.010		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract'	?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition file	a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e	22/22/27/2		1
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					7,000
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		,,,,,		717.70.70.70	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		\$1.00 min		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		27.17.17
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
þ	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				717
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	0 177 mm (107)		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		T
	Note: See the instructions for additional information the organization must report on Schedule O.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					1
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.		,			

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities

16

17

16

17

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Form 990 (2022) The Washington County School 87-0439582 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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		7.5. 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2000 100 000 000 000 000 000 000 000 000
	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				700000000000000000000000000000000000000	
	committee, explain on Schedule O.			77.76		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	<u> 11 </u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			L osera	71.01.01.01.01.01.01.01.01.01.01.01.01.01	
	any other officer, director, trustee, or key employee?			. 2		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?			3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? \dots	. 		. 5		X
6	Did the organization have members or stockholders?			. 6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			ĺ		
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır by tl	ne followir	-		200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	The governing body?				_X	ļ
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				_	X
360	tion B. Policies (This Section B requests information about policies not required by the Inter	iai n	evenue	Code.)	· ·	<u></u>
10a	Did the organization have local chapters, branches, or affiliates?			100	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		•••••	10a		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling				Х	
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		******			2.000000000000000000000000000000000000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?		X	_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					\vdash
	describe on Schedule O how this was done			12c	х	
13	Did the organization have a written whistieblower policy?			13	X	\Box
14	Did the organization have a written document retention and destruction policy?	•		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	• • • • • • •		2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	***************************************	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Account of the control of the contro		
а	The organization's CEO, Executive Director, or top management official			15a	~ - +3000 (1) (100 C	Х
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			7/2012//2012 2/2012//2012 2/2012//2012		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				Charles (1202000
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	,,,,,,,	,			100 100 100 100 100 100 100 100 100 100
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				1000 Inv	100000000000000000000000000000000000000
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (see	ection	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X 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 inter	est po	ilicy,			
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds				
	even Dunham 121 West Tabernacle					
St	: George UT 8477	70	4	135-67	⁷ 3 – 3	3553

Form 990 (2022)	The	Washington	County	School

87-	$\Delta \lambda$	1 2	O E	രവ	
ਲ / −	()2	₽.≾	95	いとス	

Page 7

Part VIII 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List ail of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	bo:	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(F) Reportable compensation from related	(F) Estimated amount of other compensation			
	(llst any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Jamie Bahlmann	1 00									
Board Member	1.00	х						o	0	0
(2) Larry Bergeson										
Board Member	1.00	х						0	0	0
(3) Lanse Chournos										
Board Member	1.00	х						0	. 0	. 0
(4) Chris Jones										
Board Member	1.00	х						0	0	0
(5)Brittney Macdona									. "	
Board Member	1.00	x						0	0	0
(6) Vasu Mudliar					ν					
Board Member	1.00 0.00	Х						0	0	
(7) Chani Reeve	7 00									
Board Member	1.00 0.00	х						0	0	0
(8)David Stirland	1 00									,
Board Member	1.00 0.00	х						0	0	0
(9)Clay Denos	1 00					ľ				
Chairman	1.00 0.00			Х				0	0	0
(10)Steven Dunham									-	
Director	20.00	:		х				0	0	0
(11)Diane Tyler	40.05									
Secretary	40.00			Х				0	0	0
								***		Form 990 (2022)

Form 990 (2022) The Washi Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	87-043 nd Highest Compensated	Employees (continued)	Page
(A) Name and title	(B) Average hours per week	(d	o not (x, unic	Pos check ess pe) ition more rson i	than o is both ir/truste	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) , Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MiSC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
					•					
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
						_				
						_				
					-					
2 Total number of individuals (in	ets to Part VII, S	Secti imite	ion A	.				e) who received more than	\$100,000 of	
 reportable compensation from Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization 	ormer officer, dir complete Sche 1a, is the sum nizations greater	ector dule of re than	<i>J for</i> porta 1 \$15	<i>suci</i> able 60,00	h ind com 07 I	dividu ipens If "Ye	ial satio s," c	on and other compensation	from the	Yes
individual Did any person listed on line 1 for services rendered to the or	a receive or acc ganization? <i>If "</i>)	rue (comp	oensa	atior	n fron	n an	ıy unrelated organization ol	' Individual	5
1 Complete this table for your five compensation from the organia	e highest comp	ensa ombe	ited i ensa	ndep	end for ti	lent o	contr	ractors that received more	than \$100,000 of	ar
Name and	(A) business address								(B) tion of services	(C) Compensation
										
						•••				
2 Total number of independent of received more than \$100,000	contractors (inclu	uding	but	not l	imite	ed to	tho	se listed above) who	0	

Pa	rt V			f Revenue edule O conta	ins a	respon	se or note	to any line in this	s Part VIII		
				30010			00 01 11010	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated camp	aigns		1a						
Sta	b	Membership due	9 s		1b			Berger (1997) (1	A STATE OF THE STA		
Am, (C	Fundraising ever	nts		1c				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	With the state of	A CONTROL OF THE PROPERTY OF T
턃		Related organiza			1d				Chair Anna Minister Cabin Carlot Carl	A second of the	anthan (7, man) and anthan (7, man) and (7,
ž,		Government grants (co			1e			2		THE RESERVE OF THE PROPERTY OF	The state of the s
F	T	All other contributions, and similar amounts no			1f	2.	269,841	The state of the s	White is a second of the secon	A STATE OF THE PROPERTY OF THE	and the second s
E	g	Noncash contributions	included	in					A WARRY TO THE PROPERTY OF THE		Walka i premi rese i i i bi reli i i mina di i i i i i i i i i i i i i i i i i i
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f					114,164		A SAN A CONTRACT OF THE SAN A	A CONTROL OF THE CONT	The state of the s
<u>0 g</u>	<u>h</u>	Total. Add lines	1a-1f	*****				2,269,841			
	0-						Business Code			Transport to the control of the cont	The second secon
jè	2a									<u> </u>	
Sen	þ										
am ever	ų										
Program Service Revenue											
<u>-</u>	f	All other program		ice revenue							
		Total. Add lines							Winter A 1 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	A1 1 1 A 2 7 1 1 1 A 2 7 1 1 A 2 7 1 1 A 2 7 1 1 A 2 7 1 1 A 2 7 1 1 A 2 7 1 1 A 2 7 1 1 A 2 7 1 1 A 2 7 1 A 2	
		Investment incor							7.4		
		other similar am	ounts)	_ 				94,517			94,517
	4	Income from inv	estme	nt of tax-exempt	bond	proceeds					
	5	Royalties									<u> </u>
				(I) Real		(ii) F	ersonal	And the second s		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	6a	Gross rents	6a						American Company of the Company of t	A SA	The second secon
		Less: rental expenses	6b						A STATE OF THE STA	VALUE OF THE PROPERTY OF THE P	A STATE OF THE STA
			6c					The state of the s		A THE STATE OF THE	William Control of the Control of th
	d 7a	Net rental incom Gross amount from	e or (I						CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE		14,930-, 5- 6
		sales of assets		(I) Securities		(11)	Other		Tagland Annual Community C	Charles in the Annual Printer Company	A CONTROL OF THE PARTY OF THE P
a	b	other than inventory Less: cost or other	7a					Segment to the A to t	A SAN OF THE RESERVE	A STATE OF THE PARTY OF T	A STAN AND AND AND AND AND AND AND AND AND A
ther Revenue	D	basis and sales exps.	7b						A CONTROL OF THE CONTROL OF T	The second secon	7,700 (107) AND 1751 15 (207) 107 (407) 407 (407) 407 (707) 1757 (
eve	c	Gain or (loss)	7c							Commence of the control of the contr	The state of the s
Ä		Net gain or (loss						######################################		Property of the second	A STATE OF THE STA
ğ	8a	Gross Income from	ı fundra	ising events						101,730,130,000,000,000,000,000,000,000,000	Service of the servic
		(not including \$						A ATTACA CANADA	A THE STATE OF THE	A section of a finding day is the control of the co	A STATE OF THE STA
		of contributions rep						and the second s	A TAME OF THE PROPERTY OF THE	TWIND THE PROPERTY OF THE PROP	The second secon
		1c). See Part IV, lir	ne 18		8a				A STATE OF THE STA	Symphony (1) Park (1) Call (1)	The state of the s
		Less: direct expe	enses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8b			The second of th		Control of the Contro	Party Committee of the
		Net income or (le	•		vents	*******	*****	7898NNV;	71 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	9a	Gross income from									Annual of principles of the second of the se
		activities. See P			9a				Victoria China (Africa Propinsi Land Victoria	At any and a service of the service	White the first transfer of the first transf
		Less: direct expe			9b			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Medical Section and the section of t	The second secon	As a day of the second of the
		Net income or (le			ities	*********	,,,				
	10a	Gross sales of in						A 1971 A	The state of the s	The state of the s	7 (A C)
		returns and allow			10a			The second secon	American Committee Committ	AND THE STATE OF T	The state of the s
		Less: cost of go Net income or (le			10b				tof Algari Friday Nation Reg (CSC VI)		
		Mer moome of (I	uss) II	om sales of inve	niory.		Business Code				
Miscellaneous Revenue	11a										
sellanec evenue	b	*									
le el	C								-		
S C	d	All other revenue									-
	е	Total. Add lines								olijali ingerija ilge:	in de la company
		Total revenue.						2,364,358	C	C	94,517

	ion 501(c)(3) and 501(c)(4) organizations must on Check If Schedule O contains a resp				<u> </u>
	ot include amounts reported on lines 6b, 7b, lb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			MARTINE CONTROL OF THE CONTROL OF TH	
2	Grants and other assistance to domestic			A THE STATE OF THE	
	individuals. See Part IV, line 22				1
3	Grants and other assistance to foreign			And And Daniel Andrews and Andrews and Angeles and Ang	THE STATE OF THE S
	organizations, foreign governments, and			A CONTROL OF THE PROPERTY OF T	77777777777777777777777777777777777777
	foreign individuals. See Part IV, lines 15 and 16				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Benefits paid to or for members				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Compensation of current officers, directors,	:			-
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				·
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
þ	Legal				
C	Accounting				
d	Lobbying				
e 2	Professional fundraising services. See Part IV, line 17		The second secon	**************************************	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
10	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4,855		4 055	
13 14	Office expenses	4,033		4,855	
15	Information technology				
16	Royalties				
17	Occupancy Travel				
18	Travel Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			·	
21	Payments to affiliates			-	<u> </u>
22	Depreciation, depletion, and amortization				
23	Insurance				<u> </u>
24	Other expenses. Itemize expenses not covered	Parameter and the second secon	A URT TARRAGON CAN TO THE TOTAL TO A URT TO THE TOTAL TOT	Programme Visit and School Programme Visit and School Vis	The state of the s
	above (List miscellaneous expenses on line 24e. If	Service of the servic	Note that the second of the se		2747 - 17
	line 24e amount exceeds 10% of line 25, column	The state of the s	A SAN AND AND AND AND AND AND AND AND AND A	And the second s	A CONTROL OF THE CONTROL OF T
	(A) amount, list line 24e expenses on Schedule O.)		A STATE OF THE PROPERTY OF T	AND THE PROPERTY OF THE PROPER	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
a	Food, material and suppli	1,114,164	1,114,164		
b	Educational Program Pmts	924,557	924,557		
C	Scholarships	63,032	63,032		
d	Sterling Scholars	26,116	26,116		
е	All other expenses	5,770	5,770		
25	Total functional expenses. Add lines 1 through 24e	2,138,494	2,133,639	4,855	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here file if following SOP 98-2 (ASC 958-720)				

		ote to any line in this Part X	(A)		(B)
1 4	Cook now intercet handing	<u></u>	Beginning of year	_	End of year
',	Cash—non-interest-bearing	• • • • • • • • • • • • • • • • • • • •	2 100 722	1	2 225 506
2		***************************************	2,109,732	2	2,335,596
3		•••••		3	
4	Accounts receivable, net Loans and other receivables from any current or form			4	
5	•	•			The state of the s
	trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe		in the first of the first entire the first of the first o	E C	
6				5	
1 -	under section 4958(f)(1)), and persons described in s				
7				6	·
7	* *************************************	•••••••••••••••••••••••••••••••••••••••		7	
8		• • • • • • • • • • • • • • • • • • • •	•••	8	
1 .	Prepaid expenses and deferred charges a Land, buildings, and equipment: cost or other			9	
۱''		100			A CONTROL OF THE CONTROL OF T
Ι,	basis, Complete Part VI of Schedule D	108			
11	b Less: accumulated depreciation	[100]		10c	
12		•••••	•••	11	
13	investments—other securities. See Part IV, line 11		• • •	12	
14			•••	13	
15	• • • • • • • • • • • • • • • • • • • •	••••	• • •	14	
16	***************************************	~ 99\	2,109,732	15	2 225 506
17				16	2,335,596
18			• • •	17	
19				<u>18</u> 19	
20			20		
21	• • • • • • • • • • • • • • • • • • • •	V of Schodulo D		21	
22	trustee, key employee, creator or founder, substantia			200	PARTY OF THE CONTROL OF T
.	controlled entity or family member of any of these pe			22	7
23		hird partice		23	
24		d parties	• • • • • • • • • • • • • • • • • • • •	24	
25				24	
= 3	parties, and other liabilities not included on lines 17-2				
	of Schedule D			25	
26				26	0
120	Organizations that follow FASB ASC 958, check it			20	
	and complete lines 27, 28, 32, and 33.	1676 [21]	nerical description of the second second and the		Company of the second of the s
27 28			235,906	27	243,474
28		1,873,826	28	2,092,122	
	Organizations that do not follow FASB ASC 958,	chack here		20	2,022,122
	and complete lines 29 through 33.				A THE RESIDENCE OF THE PARTY OF
29			Commence of the commence of th	29	
30		nent fund	,	30	
31		e or other funds		31	
29 30 31 32			0 100 200	32	2,335,596
1 04	Total not decode of faile belief lood			UŁ	2,335,596

Form 990 (2022)

orm	990 (2022) The Washington County School 87-0439582			Pag	ge 12
Pa	rtXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,30	54,	358
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,13	38,4	494
3	Revenue less expenses. Subtract line 2 from line 1	3	2.	25,8	864
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,10	09,	732
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	2,3	35,5	596
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				201000000000000000000000000000000000000
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			/ u =	
	Schedule O,			110000000000000000000000000000000000000	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		60 mm 40 mm	***************************************	
	separate basis, consolidated basis, or both:		3	200000000000000000000000000000000000000	
	Separate basis X Consolidated basis Both consolidated and separate basis		1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on			10000 V	7,1
	Schedule O,		708 : 174 : 174 : 174 : 174 : 174 : 174 : 174 : 174 : 174 : 174 : 174 : 174 : 174 : 174 : 174 : 174 : 174 : 174		**************************************
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				179711111111111111111111111111111111111
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	 	Зь		

SCHEDULE A (Form 990)

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,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. The Washington County School

District Foundation

Employer identification number 87-0439582

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). 1 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 7 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 university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E, Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type 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 (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see Instructions)) document? instructions) instructions) No Yes (A) (B) (C)

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

Schedule A (Form 990) 2022

(D)

(E)

Schedule A (Form 990) 2022

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			•	•		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	699,229	756,989	1,542,355	1,224,129	2,269,841	6,492,543
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilitles furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	699,229	756,989	1,542,355	1,224,129	2,269,841	6,492,543
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)				200 A VANCE AND A		1,113,492
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2011 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5,379,051
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(a) 2000	(f) T-+-!
	Americate from the A		`			(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	699,229 28,166	756,989 30,105		1,224,129	2,269,841 94,517	6,492,543 173,688
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		A section of the control of the cont	A STATE OF THE STA		A CONTROL OF THE CONT	6,666,231
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					
	organization, check this box and stop her	e	· · · · · · · · · · · · · · · · · · ·				
Sec	tion C. Computation of Public Su	upport Percent	tage				
14	Public support percentage for 2022 (line 6	i, column (f) divided	d by line 11, colum	nn (f))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14	80.69%
15	Public support percentage from 2021 Sch	edule A, Part II, line	e 14			15	97.94%
16a b	a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
	this box and stop here. The organization			animation.			
17a	10%-facts-and-circumstances test20%			,	Sa or 16b and line		
	10% or more, and if the organization mee	· ·		·	•		
	Part VI how the organization meets the fa- organization	cts-and-circumstan	ices test. The orga	anization qualifies	as a publicly supp	orted	
b	10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization	21. If the organizati meets the facts-ar	on did not check a nd-circumstances	a box on line 13, 16 test, check this bo	5a, 16b, or 17a, an x and stop here . I	nd line Expla i n	
	in Part VI how the organization meets the organization			-	, ,	•	
18	Private foundation. If the organization di	d not check a box o	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	ee	
	instructions			• • • • • • • • • • • • • • • • • • • •			L

Schedule A (Form 990) 2022
Part III Support

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.)

200	tion A. Public Support	quality drider ti	ic tosts listed b	elow, please c	omplete Fait I	.,	
	idar year (or fiscal year beginning in)	(a) 2018	(h) 0010	(-) 0000	(-1) 0004	1.3.000	(A) (B) (A)
	Gifts, grants, contributions, and membership fees	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
	Add lines 7a and 7b	(
8	Public support. (Subtract line 7c from		The state of the s	Anny of the part o	And of the second secon		
Sec	line 6.) tion B. Total Support	1	1.1 Landaudelle vertice regard intends of and in the second in the secon		2000	The state of the s	l
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(4) 2010	(5) 2010	(0) 2020	(u) 2021	(6) 2.022	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	- "					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b				· · · · · · · · · · · · · · · · · · ·		
11	Net Income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						1
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,						
4.4	and 12.)	nomination - 6:*	and thirt is the	Effet		1(0)	<u> </u>
14	First 5 years. If the Form 990 is for the organization, check this box and stop here			-	,		
Sec	tion C. Computation of Public Su		tage	******************	<u></u>		<u>L</u>
15	Public support percentage for 2022 (line 8,			n (f))		15	0/
16	Public support percentage from 2021 Sche	edule A. Part III lir	ne 15	"' \U//			% %
	tion D. Computation of Investme	nt Income Pe	rcentage	*****************		10	1 76
17	Investment income percentage for 2022 (li			3, column (f))		17	%
	Investment income percentage from 2021 S	Schedule A, Part II	1 0 4				%
19a	33 1/3% support tests—2022. If the organ						
	17 is not more than 33 1/3%, check this bo						Г
b	33 1/3% support tests—2021. If the organ						
	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did						

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on 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 lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part Vi** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	TOTAL MENT OF THE PARTY OF THE	
	to a particular to the second	
1		
VIII VIII VIII VIII VIII VIII VIII VII		200 100 100 100 100 100 100 100 100 100
	SPANIE:	
2	Carre to a constitution of the	and and the second
3a		
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
100 mg		
3b		
	A CONTRACTOR OF THE CONTRACTOR	
	200 1 00 00 00 00 00 00 00 00 00 00 00 00	11 (14) (14) (14) (14) (14) (14) (14) (1
3c	300000000	71.310T. 1911.17.T.
4a		
	20	
4b		
-TU		
Part of the second of the seco		
	parada pa	
	The second secon	
46		
	1000 100 100 100 100 100 100 100 100 10	AND PROPERTY OF THE PARTY OF TH
		AND THE PARTY OF T
Part of the control o		
E-		
5a	-232-332-250	2 W. J.
71010 A 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	AND THE RESERVE OF THE PROPERTY OF THE PROPERT
5b		
5c	Workstone :	
regression and an analysis of the control of the co	With the second	
6		
200 11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
_	CATALOGUE CONTRACTOR	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
/	IA www.	(Maria a a later
8		
	1 / W 10 10 10 10 10 10 10	
9a		
1115	**************************************	10 // 10 / 10 / 10 / 10 / 10 / 10 / 10
	200000000000000000000000000000000000000	70101 July 18 18 18 18 18 18 18 18 18 18 18 18 18
9b	Canada Ca	
> 400000 - 1 - 1 - 1 - 1		
9c	Houris	
10a		
72		
10b	\/Form (990) 2022

Schedu	dule A (Form 990) 2022 The Washington County School	1 87-0439582	Page 5
Par	art IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ACTIVATE THE CONTROL OF THE CONTROL	
а	A person who directly or indirectly controls, either alone or together with persons described	on lines 11b and	
	11c below, the governing body of a supported organization?	11a	
b	b A family member of a person described on line 11a above?	11b	
C	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a	a, 11b, or 11c,	
	provide detail in Part VI.	11c	
Sect	ction B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capa	Secretary regions of the secretary regions of	
	more supported organizations have the power to regularly appoint or elect at least a majorit	5.00 (A)	Transport of the control of the cont
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the su		
	effectively operated, supervised, or controlled the organization's activities. If the organization	A CONTRACT OF THE PROPERTY OF	
	organization, describe how the powers to appoint and/or remove officers, directors, or trust		100 100 100 100 100 100 100 100 100 100
	supported organizations and what conditions or restrictions, if any, applied to such powers		
2	Did the organization operate for the benefit of any supported organization other than the su	San a face of the san and the	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes	Andrew Company	7 (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
	VI how providing such benefit carried out the purposes of the supported organization(s) that	t operated,	Company of the second of the
	supervised, or controlled the supporting organization.	2	
Sect	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majorit	244.7.7.7.7.7.7.7	AND STATE OF
	or trustees of each of the organization's supported organization(s)? If "No," describe in Par	38	A CONTRACTOR OF THE CONTRACTOR
	or management of the supporting organization was vested in the same persons that control	lled or managed	William to the second
	the supported organization(s).		
Sect	ction D. All Type III Supporting Organizations		
_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the file		
	organization's tax year, (i) a written notice describing the type and amount of support provide	200	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, a	Y 100	
_	organization's governing documents in effect on the date of notification, to the extent not pr	7.00	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected	Birth and American	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," e.	**************************************	
	the organization maintained a close and continuous working relationship with the supported		
3	By reason of the relationship described on line 2, above, did the organization's supported or		
	a significant voice in the organization's investment policies and in directing the use of the o	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the o	\$90	
<u></u>	supported organizations played in this regard.	3	<u> </u>
	ction E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Tec	st during the year (see instructions).	
a			
b			
C	, , , , , , , , , , , , , , , , , , ,		
2	Activities Test. Answer lines 2a and 2b below.	Yes	No No
а	, , , , , , , , , , , , , , , , , , , ,	A STATE OF THE STA	
	the supported organization(s) to which the organization was responsive? If "Yes," then in F	The state of the s	
	those supported organizations and explain how these activities directly furthered their e	2000	
	how the organization was responsive to those supported organizations, and how the organ	W-7-11	E. 2000 William
	that these activities constituted substantially all of its activities.		En directorations
b	, ,	**************************************	
	involvement, one or more of the organization's supported organization(s) would have been	Marie and the state of the stat	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organ		
_	have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	# (2011-12) # (2011-11) #	A CONTRACTOR OF THE PARTY OF TH
а	, , , , , , , , , , , , , , , , , , , ,	water and the second se	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	10000 -	500 Int 100
b	 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

	lle A (Form 990) 2022 The Washington County Schoo		87-0439	582 Page 6
Pai				
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	olete Sections A through E	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	""	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			The second secon
	instructions for short tax year or assets held for part of year):		A STATE OF THE STA	
	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	l Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors		A STATE OF THE STA	
	(explain in detail in Part VI):	22.27.000		A CONTROL OF THE PARTY OF THE P
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	Provided the second of the sec	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	Section 1 and 1 an	
4	Enter greater of line 2 or line 3.	4		
5	Income tax Imposed in prior year	5	To see the second of the secon	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		The state of the s	
	emergency temporary reduction (see instructions).	6	CONTROL OF	
7	Check here if the current year is the organization's first as a non-functionally integrated	Type I	Il supporting organization	-

Schedule A (Form 990) 2022

___ (see instructions).

Schedu	ile A (Form 990) 2022 The Washington C		87-04	39	582 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiza	tions (continued)		
Sect	ion D Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	1			
2	Amounts paid to perform activity that directly furthers exempt purpo				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide of	details in Part VI)		5	
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organ	lization is responsive		8	
	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6			+-	
<u>9</u> 10	Line 8 amount divided by line 9 amount			9	
	Line 6 amount divided by line 9 amount	(1)	(II)	10	/!!!\
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าธ	(iii) Distributable Amount for 2022
1_	Distributable amount for 2022 from Section C, line 6	The service of the se	The second secon		
2	Underdistributions, if any, for years prior to 2022	The state of the s			
	(reasonable cause required-explain in Part VI). See	The same of the sa			Part 1 2 A A A A C C C C C C C C C C C C C C C
	Instructions.	The state of the s	V.27. (1980) / CONT.	Salvine:	A STATE OF THE PARTY OF T
3	Excess distributions carryover, If any, to 2022 From 2017	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Service of the servic
	From 2018		272 St		23. United to 10 t
	From 2019	The state of the s	And the second of the second o	17.000 (Mail	
	From 2020	The state of the s	A property of the second secon		And the second s
	From 2021		1		
	Total of lines 3a through 3e	200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200 / 100 /		The state of the s
	Applied to underdistributions of prior years	April parties in Associated April Associated Section 1991 and April Associ			
	Applied to 2022 distributable amount	A A THAIR AND A STANLAR AND A			
<u>i</u>			7 () () () () () () () () () (
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		1		Appropriate Control of the Control o
4	Distributions for 2022 from		Variable of the second of the		
	Section D, line 7: \$	The state of the s	Company of the Compan	93379333	AND THE PROPERTY OF THE PROPER
а	Applied to underdistributions of prior years	The second secon			Barrana Anna Anna Anna Anna Anna Anna Ann
b	Applied to 2022 distributable amount	The state of the s	The state of the s	70.70	2
С	Remainder, Subtract lines 4a and 4b from line 4.				7 (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
5	Remaining underdistributions for years prior to 2022, if	The state of the s			The state of the s
	any. Subtract lines 3g and 4a from line 2. For result	A management of the second of			The second state of the se
	greater than zero, explain in Part VI. See instructions.	The second secon			2 A A A A A A A A A A A A A A A A A A
6	Remaining underdistributions for 2022. Subtract lines 3h	A CONTROL OF THE CONTROL OF T			
	and 4b from line 1. For result greater than zero, explain in	The section of the se	ST.		
	Part VI. See instructions.	The second of th	The second of th	101111111111111111111111111111111111111	
7	Excess distributions carryover to 2023. Add lines 3j		200 100 100 100 100 100 100 100 100 100		AND THE RESERVE OF THE PROPERTY OF THE PROPERT
	and 4c.			12	THE CONTRACT OF THE CONTRACT O
8	Breakdown of line 7:		THE RESERVE OF THE PROPERTY OF		THE PARTY OF THE P
a	Excess from 2018				
b	Excess from 2019			73777.2. 271 322	
	Excess from 2020	The state of the s	TW. 1 De de la companya de la compan		
d	Excess from 2021				
е	Excess from 2022	The state of the s	AND THE STATE OF T		

4636 00/19/2024 5:40) F V						1 .	
Schedule A (For	m 990) 2022	The Was	hington (County So	chool	87-	0439582	Page 8
Part VI	Supplemental II III, line 12; Part I' B, lines 1 and 2; 3a, and 3b; Part lines 2, 5, and 6.	nformation. Pro V, Section A, lin Part IV, Section V, line 1; Part V	ovide the expla es 1, 2, 3b, 3c C, line 1; Part , Section B, lin	nations requi , 4b, 4c, 5a, 6 : IV, Section D e 1e; Part V,	red by Part II 5, 9a, 9b, 9c, 0, lines 2 and Section D, lir	, line 10; Part 11a, 11b, and 3; Part IV, Sones 5, 6, and	II, line 17a or I 11c; Part IV, ection E, lines 8; and Part V,	17b; Part Section 1c, 2a, 2b,
							<u> </u>	,
·		**************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	,,,,,,					,		
* *************		***********	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• • • • • • • • • • • • • • • • • • • •		,	• • • • • • • • • • • • • • • • • • • •	*************			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			• • • • • • • • • • • • • • • • • • • •					
*								
•			• > • • • • • • • • • • • • • • • • • •					
•			.,			••••••		
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******************
		• • • • • • • • • • • • • • • • • • • •						************
			•••••				• • • • • • • • • • • • • • • • • • • •	
<		*******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
* *************************************	• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •								
* * * * * * * * * * * * * * * * * * * *						*****************	**********	***************************************
							****	*****
*				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			****************	
	, . ,		**************			**************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• · · · · · · · · · · · · · · · · · · ·			************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
							,	
	÷							
* ***********		***************	****************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************			***************************************

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2022

For Paperwork Reduction Act N	otice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)
must answer "No" on Part IV, I	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forn ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 the filing requirements of Schedule B (Form 990).	
regulations under section 16b, and that received (2) 2% of the amount of the amount of the contributor, during the literary, or educational "N/A" in column (b) ins For an organization de contributor, during the contributions totaled moduring the year for an organization of the contributions totaled moduring the year for an organization decontributions totaled moduling the year for an organization decontributions totaled moduling the year for an organization decontributions totaled moduling the year for an organization decontributions decontrib	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of cons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, from any one contributor, during the year, total contributions of the greater of (1) \$5,000 on (I) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any year, total contributions of more than \$1,000 exclusively for religious, charitable, scientification of the contributor name and address), II, and III. scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any year, contributions exclusively for religious, charitable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose than \$1,000. If this box is checked, enter here the total contributions that were received union that were received of the organization because it received nonexclusively religious, charitable, etc., contribution that were received union the year.	, 16a, or ; or y one ic, ing y one ved e utions
or more (in money or p contributor's total contri Special Rules	roperty) from any one contributor. Complete Parts I and II. See instructions for determin ibutions.	ing a
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,	,000
	overed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See
	501(c)(3) taxable private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
Form 990-PF	527 political organization 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
Filers of:	Section:	
Organization type (check one):	
The Washington District Found	County School ation	87-0439582

Page 1 of 2

200 **2**

Name of organization

The Washington County School

Employer identification number 87-0439582

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Dixie Power Kite Festival 71 E Hwy 56, HC76, Box 95 Beryl UT 84714	\$ 70,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.2	Ironman Foundation 3407 W Dr. Martin Luther King Jr Blv Tampa FL 33607	\$ 68,968	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.3	PayPal PO Box 45950 Omaha NE 68145	\$ 73,504	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	• •	· -	
No.	Name, address, and ZIP + 4 Deseret Trust Company PO Box 11558	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for
No. 4	Name, address, and ZIP + 4 Deseret Trust Company PO Box 11558 Salt Lake City UT 84147 (b)	\$ 102,311	Type of contribution Person X Payroll
(a)	Name, address, and ZIP + 4 Deseret Trust Company PO Box 11558 Salt Lake City UT 84147 (b) Name, address, and ZIP + 4 Sunflower Foundation 113 East 200 North Ste 5	\$ 102,311 (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

Page 2 of 2

ane 2

Name of organization

The Washington County School

Employer identification number 87-0439582

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. . .7.... Square Person 1455 Market St Unit 600 Payroll \$ 46,164 Noncash San Francisco CA 94103 (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution StatPacks 1509 S Sandhill Dr . 8.... Person Payroll X \$ 109,669 Noncash Washington UT 84780 (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. 9.... Chalkboard Maps Person 297 N. 2230 E. Payroll \$ 58,300 Noncash St George UT 84790 (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Utah Food Bank Person 10 4416 River Rd Payroll \$ 537,533 Noncash UT 84790 St George (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Tan's Treats 11 Person 1392 E Ridge St, Unit 1 Payroll X \$ 85,490 Noncash Washington UT 84780 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Nο. Person Payroli Noncash (Complete Part II for noncash contributions.)

ace 3

Name of organization

The Washington County School

Employer identification number 87-0439582

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

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	650 Backpacks		
		\$68,968	11/07/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Food		
	•	\$ 98,280	05/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	Backpacks and Safety Vests		
		\$ 109,669	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	Chalkboard Maps		
	•	\$58,300	11/14/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1.0.	Food	A 527 522	06/14/02
		\$ 537,533	06/14/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11.	Food		
-			

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization

District Foundation

Employer identification number 87-0439582

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amou	unts	
1	Art — Works of art			, on the second			
2	Art — Historical treasures						
3	Art — Fractional interests				·-··		
4	Books and publications		garran product (remain 1974) to the control of the				
5	Clothing and household						
-	goods	}					
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property					*****	
9	Securities — Publicly traded						
10	Securities — Closely held stock						
11	Securities Partnership, LLC,						
	or trust interests						
12	Securities — Miscelianeous						
13	Qualified conservation						
	contribution — Historic						
	structures						
14	Qualified conservation						
	contribution Other						
15	Real estate — Residential	i					
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	7	1,114,164			
26	Other ()						
27	Other ()						
28	Other (<u> </u>					
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for			
	which the organization completed Fo	orm 8283,	Part V, Donee Acknowle	edgement	29		
						Yes	No
30a	During the year, did the organization	receive b	y contribution any prope	rty reported in Part I, lines '	1 through	Participation of the state of t	
	28, that it must hold for at least 3 ye				•		
	used for exempt purposes for the en	itire holdin	g period?			30a	X
b	If "Yes," describe the arrangement in	n Part II.					
31	Does the organization have a gift ac	ceptance	policy that requires the r	eview of any nonstandard			
	contributions?	• • • • • • • • • • • • • • • • • • • •	********************			31	X
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n	oncash		
	contributions?	*********	***********			32a	X
b	If "Yes," describe in Part II.					Z	
33	If the organization didn't report an ar	mount in c	olumn (c) for a type of p	roperty for which column (a) is checked,		
	describe in Part II.			<u> </u>			11711, 117,

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization The Washington County School Employer Identification number District Foundation 87-0439582 Amended Return Explanation Correct Statements Regarding Other IRS filings and Tax Compliance questions. As well as correct Governance, Management, and Disclsure questions on 990. Form 990, Part III, Line 4d - All Other Accomplishments The organization has made significant contributions to student support by donating materials, food, and supplies. These noncash contributions play a crucial role in enhancing the educational experience for students. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Complete electronic or physical copies of the final Form 990 (including all required schedules) are provided to the organization's officers, directors, and board members for their review and input. Board members are given five business days to review the Form 990, unless a shorter review period is necessary to meet filing deadlines. The board has authorized the Director of the Foundation to sign and file the return following the review. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy At the boards annual retreat held early in the year, the board discusses any potential conflicts of interest. Any specific conflicts are discussed and noted. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

and financial records are kept on

Schedule O (Form 990) 2022

Copies of governing documents, polices,

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

Schedule O (Form 990) 2022 Name of the organization	Page 2
The Washington County School	Employer identification number 87-0439582
	07-0439362
file and are available to the public upon request.	
•	
	••••••••••••••••••••••••••••••••
·	
• • • • • • • • • • • • • • • • • • • •	
· ····································	
· · · · · · · · · · · · · · · · · · ·	
• • • • • • • • • • • • • • • • • • • •	••••••
	Page 1 of 1

Form 8879-TE

Department of the Treasury

IRS e-file Signature Authorization for a Tax Exempt Entity

	-	-		
nina	7/01	2022 and ending	6/30 20	23

For calendar year 2022, or fiscal year beginning

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

Internal Revenue Service Name of filer The Washington County School EIN or SSN District Foundation 87-0439582 Name and title of officer or person subject to tax Steven Dunham Director Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part 1. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____ 1a Form 990 check here 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) _______ 3b b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here ______ 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here 7a Form 4720 check here Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ... 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X|I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only Lauthorize Savage Esplin & Radmall, PC as my signature Enter five numbers, but on the tax year 2022 electronically filed return. If I have Indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 06/19/24 Signature of officer or person subject to tax Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 87188704350 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Ryan N Cramer, CPA 06/19/24 ERO's signature **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form 8879-TE

IRS *e-file* Signature Authorization for a Tax Exempt Entity

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 20 23 Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

The Washington County School

EIN or SSN

District Foundation	87-0439582			
Name and tille of officer or person subject to tax Steven Dunham				
Director				
Part I Type of Return and Return Information				
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form				
8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a,				
3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form v				
3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the				
applicable line below. Do not complete m <u>ore</u> than one line in Part I.				
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), lin	e 12) 1b 2,364,358			
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b			
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b			
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V	Tax based on investment income (Form 990-PF, Part V, Ilne 5) 4b			
5a Form 8868 check here b Balance due (Form 8868, line 3c)				
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6h			
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7h			
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)				
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)				
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, F				
Part II Declaration and Signature Authorization of Officer or Person Subject				
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person	· · · · · · · · · · · · · · · · · · ·			
	and that I have examined a copy of the			
2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and				
complete. I further deciare that the amount in Part I above is the amount shown on the copy of the electronic	· · · · · · · · · · · · · · · · · · ·			
intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS	•			
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce	• • •			
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initia				
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this				
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at				
1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the				
processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to				
the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to				
electronic funds withdrawal.				
PIN: check one box only				
X authorize Savage Esplin & Radmall, PC to enter m	y PIN 39582 as my signature			
ERO firm name	Enter five numbers, but			
	do not enter all zeros			
on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state				
agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the				
return's disclosure consent screen.				
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature of	on the tax year 2022 electronically			
filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part				
of the IRS Fed/State program, I will enter my PHV on the return's disclosure consent screen.	06/10/04			
	Date 06/19/24			
Part III Certification and Authentication				
EFIO's EFIN/PIN. Enter your six-digit electronic filing identification				
number (EFIN) followed by your five-digit self-selected PIN. 87188704350				
	o not enter all zeros			
I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I				
am submitting this return in accordance with the requirements of Pyb. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file				
Providers for Business Returns.				
ERO's signature Ryan N Cramer, CPA Da	ate _06/19/24			
ERO Must Retain This Form — See Instructions				

Do Not Submit This Form to the IRS Unless Requested To Do So