Return of Organization Exempt From Income Tax

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

Governance

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2020 Do not enter social security numbers on this form as it may be made public. Open to Public Inspection For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21 C Name of organization Check if applicable: The Washington County School D Employer identification number District Foundation Address change Doing business as 87-0439582 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return 121 West Tabernacle Street 435-673-3553 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated St. George UT 84770 G Gross receipts \$ 1,563,255 Amended return Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? 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) Tax-exempt status: (insert no.) 501(c) (4947(a)(1) or www.foundation.washk12.org Website: H(c) Group exemption number X Corporation Trust Form of organization: Association L Year of formation: M State of legal domicile: UT Part I Summary 1 Briefly describe the organization's mission or most significant activities: To serve the schools and each student of Washington County 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) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 60 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Current Vear 8 Contributions and grants (Part VIII, line 1h) 756,989 1,542,355 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30,105 900 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 787,094 1,563,255 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) 16 Salanes, other compensation, 5.1.

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 721,469 1,364,182 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 721,469 1,364,182 19 Revenue less expenses. Subtract line 18 from line 12 65,625 199,073 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,875,617 2,074, 690 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21 from line 20 875,617 2,074, 690 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

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Sign Here			e of officer		ınham								Date			
пете								•:		Director						
		Type or p	print name	and tit	le											
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Preparer	Firm's	name	•					Radmall,	PC		1	Firm's	-	-,	100032030	
Use Only				20	N Ma	in S	t St	ce 402						_		
		address			Geor			84770				Phone	no.	435	5-673-6	195
May the IR	S disc	uss this	return v	vith th	ne prepar	er shown	above	? See instructions							X Ves	No

	Statement of Program 5		87-0439582	Page :
		Service Accomplishments	and the second second	
1 B	riefly describe the organization's mission	tains a response of note to an	ny line in this Part III	<u> X</u>
To	Serve the Schools	: and each ctudomt -	f Washington County.	
- F.		ing each student o	r washington County.	
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	* >***********************************			***************************************
. D	Althoropeople the constant of the			
, D.	d the organization undertake any signifi	cant program services during the year	ar which were not ilsted on the	
bi	or Form 990 or 990-EZ?	**********************		Yes X No
) ##################################	Joi leadle C,		
D	d the organization cease conducting, or	make significant changes in how it o	conducts, any program	
	rvloes?		***************************************	Yes 🛣 No
	Yes," describe these changes on Sche	gnie O'		
D	escribe the organization's program servi	ce accomplishments for each of its t	three largest program services, as measured	by
6)	penses. Section 501(c)(3) and 501(c)(4) organizations are required to repor	t the amount of grants and allocations to othe	rs,
tn	e total expenses, and revenue, if any, fo	r each program service reported.		
a (C	ode:) (Expenses \$1	301,601 Including grants (of \$) (Revenue :	8
EG.	icational Program Pa	yments are made t	of\$) (Revenue of school in the W	ashington
		. In this way, ea	ch student in the Scho	ol District i
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in organization required to complete Schedule B, Schedule of Contributors (see instructions)? If the organization engage in direct or indirect political campalgn activities on behalf of or in opposition to indidates for public office? If "Yes," complete Schedule C, Part I orion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) organization in effect during the tax year? If "Yes," complete Schedule C, Part II orion in effect during the tax year? If "Yes," complete Schedule C, Part II organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III organization maintain any donor advised funds or any similar funds or accounts for which donors we the right to provide advice on the distribution or investment of amounts in such funds or accounts? If oss," complete Schedule D, Part I	3 4 6	X	×
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ction 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) ection in effect during the tax year? If "Yes," complete Schedule C, Part II	4		2
the organization a section 501 (c)(4), 501(c)(5), or 501 (c)(6) organization that receives membership dues, sessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III if the organization maintain any donor advised funds or any similar funds or accounts for which donors we the right to provide advice on the distribution or investment of amounts in such funds or accounts? If es," complete Schedule D, Part I	6		
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ve the right to provide advice on the distribution or investment of amounts in such funds or accounts? If es," complete Schedule D, Part !	6	i	3
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the organization receive or hold a conservation easement, including easements to preserve open space.			<u>ر</u>
	-,,-		
environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		2
the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Ī
mplete Schedule D, Part III	8		:
the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			_
stodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			ĺ
ot negotlation services? If "Yes," complete Schedule D, Part tV	9		2
the organization, directly or through a related organization, hold assets in donor-restricted endowments			ſ
in quasi endowments? If "Yes," complete Schedule D, Part V	10		2
he organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			W.
, VIII, IX, or X as applicable.			
I-the-organization-report-an-arnount-for-land,-buildings,-and-equipment-in-Part-X,-line-10?- <i>lf-"Yes,"</i>			F
mplete Schedule D, Part VI	11a		:
I the organization report an amount for investments—other securities in Part X. line 12, that is 5% or more			-
its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	L	:
tine organization report an amount for investments—program related in Part X, line 13, that is 5% or more			Γ
its total assets reported in Part X, lina 16? If "Yes," complete Schedule D, Part VIII	11c		: ا
rine organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
orted In Part X, Ilne 16? If "Yes," complete Schedule D, Part IX	11d	L] :
ithe organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		13
the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f)
the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
hedule D, Parts XI and XII	12a	1] :
as the organization included in consolidated, independent audited financial statements for the tax year? If			Γ
es," and if the organization answered "No" to line 12a, then completing Schedule D, Paris XI and XII is optional	12b		L:
the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
the organization maintain an office, employees, or agents outside of the United States?		<u> </u>	
the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ļ	1
idraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
elgn Investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		<u> </u>	Γ
any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			1
sistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	
the organization report a total of more than \$15,000 of expenses for professional fundraising services on		 	T
rt IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See Instructions	17		
I the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>	 	T
rt VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	1.9	1	
the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?	"	+-	+
Yes, * complete Schedule G, Part III	10	1	
the organization operate one or more hospital facilities? If "Yes," complete Schedule H	~~~~	†	-
Yes" to line 20a, dld the organization attach a copy of its audited financial statements to this return?	_	†	+
the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	 	+
	04		
6.让好的"他们让我们是这些人,我们们们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	th negotiation services? If "Yes," complete Schedule D, Part IV the organization, directly or through a related organization, hold assets in donor-restricted endowments in quasi endowments? If "Yes," complete Schedule D, Part V the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, Vili, IX, or X as applicable. Ithe organization report an amount-for-land, buildings, and equipment in-Part X, line-10? If "Yes," mplete Schedule D, Part VI Ithe organization report an amount for investments—other securities in Part X, line 12, that is 5% or more is total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Ithe organization report an amount for Investments—program related in Part X, line 13, that is 5% or more is total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Ithe organization report an amount for other sesets in Part X, line 15, that is 5% or more of its total assets onted in Part X, line 16? If "Yes," complete Schedule D, Part IX Ithe organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Ithe organization's separate or consolidated financial statements for the tax year include a footnote that addresses organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Ithe organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete headed D, Parts XI and XII is optional in the organization a sohool described in section 170(h)(1)(A)(li)"? If "Yes," complete Schedule E, Ithe organization as ohool described in section 170(h)(1)(A)(li)"? If "Yes," complete Schedule E, Ithe organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, draising, business, investment, and program service activities cutside the United States, or aggregate algonization? If "Yes," complete Schedule F, Parts II and IV Ithe organization report on	an exposal in regordation envices? If "Yes," complete Schedule D, Part V the organization, clirectly or through a related organization, hold assets in donor-restricted endowments on quasil endowments? If "Yes," complete Schedule D, Part V the organization's enswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. "The organization report an amount-for-lend,-buildings,-and-equipment-in-Part X; line-10?-If-Yes;" palete Schedule D, Part VI the organization report an amount-for investments—other securities in Part X, line 12; that is 5% or more is total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII the organization report an amount for investments—program related in Part X, line 13, that is 5% or more is total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets orded in Part X, line 16? If "Yes," complete Schedule D, Part VIII the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X the organization's separate or consolidated financial statements for the tax year include a toothode that addresses organization's separate or consolidated financial statements for the tax year? If "Yes," complete headed D, Parts XI and XII as the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete headed D, Parts XI and XII as the organization independent audited financial statements for the tax year? If "Yes," complete headed D, Parts XI and XII as the organization have aggregates revenues or expenses of more than \$10,000 from granization as chool described in seaton 170(b)(1)(A)(0)? If "Yes," complete Schedule E, Parts XI and XII is optional the organization report a total of more than \$15,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 the organization report or Part IX, c	th regotation services? If "Yes," complete Schedule D, Part IV to organization, directly or through a related organization, hold assets in donor-restricted endowments in quasil endowments? If "Yes," complete Schedule D, Part V to eroganization's answer to any of the folicwing questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. The organization report an amount-for-land,-buildings,-and-equipment-in-Part X,-line-10?-If "Yes," Inplete Schedule D, Part VI 11a Ithe organization report an amount-for investments—other securities in Part X,, line-12, that is 5% or more is total assets reported in Part X, line-16? If "Yes," complete Schedule D, Part VII 11b the organization report an amount for investments—program related in Part X, line-13, that is 5% or more is total assets reported in Part X, line-16? If "Yes," complete Schedule D, Part VIII 11c to organization report an amount for other sests in Part X, line-15, that is 5% or more of its total assets 11d the organization report an amount for other sibilities in Part X, line-25? If "Yes," complete Schedule D, Part X 11d the organization seport an amount for other sibilities in Part X, line-25? If "Yes," complete Schedule D, Part X 11d the organization's separate or consolidated financial statements for the tax year include a foothorte that addresses organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f or organization insport an expert in Independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d as the organization insport an expert in Independent audited financial statements for the tax year? If Its, and If the organization insport and part I ment I may be a part

Did the organization comply with backup withholding rules for reportable payments to vendors and

DAA

23.E	Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)	7*****		aye 🗸
9.5	· ·	,,		Yes	No
2a	Transmittal or wrang and Tay	<u> </u>	1.00		
b	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing	ms?	2b		P. LET THE LA
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	wanter classes	X
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	. ^	3b		
741	At any time during the cateridar year, did the organization have an interest in or a signature or other.	on the malter and the			
b	a financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes" enter the name of the foreign country.	l account)?	4a		X
	Leet cure me usure of the loteidil contin.				
-5a	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).			
b	Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?		5a	17	X
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactiff "Yes" to line 5a or 5b, did the organization file Form 2000 To	tlon?	5b		X
6a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		őc		
Vu	and did the organization have annual gross receipts that are normally greater than \$100,000, and did the	0			
b	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
. Ref	If "Yes," did the organization include with every solicitation an express statement that such contribution gifts were not tax deductible?	ns or			
7	Organizations that may receive deductible analytical	**************	6b		
a	Organizations that may receive deductible contributions under section 170(c).				
•	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gand services provided to the payor?	joods			
b	If Was " did the proprietion netter the degree of the selection for		_7a		X
c	if "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	S			
ď	If "Yes," indicate the number of Forms 8282 filled during the year	(***************************	7c		X
6	Did the organization receive any funds, directly or individually the	7d			
f_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		_X_
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control if the organization received a contribution of supplied lately or indirectly, on a personal benefit control.	act?	7f		Х
ħ	If the organization received a contribution of qualified intellectual property, did the organization file Foliation of the organization received a contribution of care, bests, pirelesses, or all property of the organization file Foliation or a state of the organization or a state or a s	rm 8899 as required?	7g		X
8	If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization spanizations maintaining donor advised funds. Did a donor advised fund maintaine	tion file a Form 1098-C?	7h		X
	sponsoring organization have excess business holdings at any time during the year?	d by the			
9	Sponsoring organizations maintaining donor advised funds.	********************	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?				
b	Did the sponsoring organization make a distribution to a depart depart depart departs.		9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	*************	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12	. 1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			
11	Section 501(c)(12) organizations. Enter:	10b			
а	Gross innows from many base on a basel and a	11			
b	Gross income from other sources (Do not net amounts due or paid to other sources	11a			
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts, is the organization filling Form 990 in lieu of Form	11b			
b	II 185. BUIGUUR SMOUNT OF 197-07000 block by a control of the cont		12a		
13	Section 501(c)(29) qualified nonprofit health insurance Issuers.	12b			
a	Is the organization licensed to issue qualified health plans in more than one state?				
	Note: See the Instructions for additional information the organization must report on Schedule O.		13a		
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	1			
C	Enter the amount of reserves on hand	13b			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	13c			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14a		X
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	³ 0	14b		·
-					
	f "Yes," see instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the coefficient age.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment if "Yes," complete Form 4720, Schedule O.	income?	16		Х
	Marion Comp. 17 203 Odgjoudio O.			and a	

Forn	1990 (2020) The Washington County School 87-0439582		P	age 6
BP	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "	Ma#	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S.	aa inat	n mela	ns.
	Check it Schedule O contains a response or note to any line in this Part VI			X
<u> 500</u>	tion 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 12			
•	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	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			<u></u>
	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?	5		X
6	Did the organization have members or stockholders?	6		X
78	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,			 -
	stockholders, or persons other than the governing body?	7b		x
В	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	université
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	,	7
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	,	x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			lo di wen
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	MPEREZ
. b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			$\overline{}$
	describe in Schedule O how this was done	12¢	X	
13	Did the organization have a written whistieblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
Ħ	The organization's CEO, Executive Director, or top management official	15a	www.pagies.co	X
b	Other officers or key employees of the organization	15b	-, ,	x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	- APRESIDENT	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		liments rises
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)		*****	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schodule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
St	even Dunham 121 West Tabernacle			
St	George UT 84770 43	5~67	3 – 3	553

Form 890 (2020) The Washington County School 87-0439582	
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	age 7
Check if Schedule O contains a response or note to any line in this Part VII	
Ta Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	
• 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 the contract in the cont	
 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the 	

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

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

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

(A) Name and tille	(B) Average hours per week (list any hours for	(c	ło not o x, unic	Pos Chack Ses po	(C) sition more erson	then o is both	one an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Jamie Bahlmann										
Board Member	1.00	x			_					
(2) Larry Bergeson	0.00	┼≏			 			0	0	0
Board Member	1.00	_x						0	0	
(3) Clay Denos									0	0
Board Member	1.00	x								
(4) Paul Hatch				_	 			0	0	0
Board Member	1.00 0.00	x						0	0	•
(5) Wes Jensen										0
Board Member	1.00	х						0	0	
(6) Ben Lindquist	1 00		i							0
Board Member	1.00	x						0	0	^
(7) Rich Schofield	1 00				-					0
Board Member	1.00	х			_			0	0	0
(8) David Stirland	1.00						- }			<u> </u>
Board Member	0.00	x				ŀ			o	
(9) Tyler Todd	4 00			I						0
Board Member	1.00	x					ļ		0	_
(10) Steven Dunham			_ -			_	寸		<u>-</u>	0
Director	40.00 0.00			x				0	0	^
(11)Diane Tyler	E 00									0
Secretary	5.00 0.00			x						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Page 8 (A) (B) (b) Name and title Position Average (F) Reportable (do not check more than one Reportable hours Estimated amount componention box, unless person is both an compensation per week of other from the officer and a director/trustee) from related (list any compensation organization organizationa hours for from the (W-2/1099-MISC) (W-2/1099-MISC) Key employee related organization and related organizations organizations rutional trustee waled dotted line) Brandon Vandermyde Board Chair 0.00 x 0 0 Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those fisted above) who received more than \$100,000 of reportable compensation from the organization > 0 Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 Yes No employee on line 1a? If "Yes," complete Schedule J for such individual W. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 3 X organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Х for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of sorvices (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization DAA

						<u> </u>	TIDE OF THE	e to any line in this			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated businees revenue	(D) Revenue excluded from tax under sections 512-514
and Cure Similar Amounts	1a	Federated cam	paigns	3	1a		 				
	þ	 Membership du 	ies		1b						
₹	C	C Fundralsing events 10									
<u>ē</u>	d Related organizations 1d				1d						
틹	e	Government grants (c	contribution	ons)	1e						
5	f	All other contributions	ı, alfts. ar	ants.							
₹	and similar amounts not included aboye			1f	1	,542,355					
2	Noncash contributions included in lines 1a-1f				1g	\$	134,152				
₹	h	Total. Add lines	<u>s 1a⊶1</u>	f			.	1,542,355			
							Business Cod	CONTRACTOR STATE OF S			
	2a			****************							e major die maiolian en
וַצַ	b										
חפעמוונים	C			• • • • • • • • • • • • • • • • • •							
	d			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
1	е	* ((***********		*************							
	f	All other progra	m ser	/loe revenue							
╀	<u>g</u>	Total, Add lines	2a-2	<u> </u>							
1	3			cluding dividend							e unional de la Company de 1410 e
		other similar am income from inv	ounts)		,,,,,,,,,		20,900			20,90
╀	<u>4</u> -	Income from inv	/estme	ent of tax-exempt	bond	proceeds	• • • • • • • • • • • • • • • • • • • •				
Τ	5—	Royalties	1				,				
	a	-0		(I) Real		(11)	Personal				
ור'		Gross rents 6a									
		Less; rental expenses									
		Rental Inc. or (loss)	6c								
	d 7a	Net rental incom Gross amount from	ne or (oss)		1					The second secon
		sales of assets		(I) Securities		(11)) Other				25,40,40,500,55
		other than inventory	7a								
		Less; cost or other									
		basis and sales exps.				<u> </u>					
i		Gain or (loss)	7c								
١.	d	Net gain or (loss	3)								- Contraction
ľ	9a	Gross income from	1 lundra	Ising events							
		(not including \$,						
l		or contributions rep	юпеа с	n line 1c).							
		See Part IV, line 18			8a						
		Less: direct expe			8b						
		Net Income or (le			vents .		>	97 162			-0.11.2.11.2.2.11.11.1.1.1.1.1.1.1.1.1.1.
١	∂a	Gross income from	ı gamin	g activities.	1						Pallaca and Control of
		See Part IV, line 19	•,		9a		. <u></u>				
	b	Less: direct expe	enses	l	9b						
		Net income or (le			lties						intergration of the residence of the second
10	Ja	Gross sales of in	rvento	ry, less							
		returns and allov	vances	·	10a	-					
	b	Less: cost of god	ods so	id	10b						
ļ.,	C	Net income or (lo	oss) fro	om sales of Inve	ntory	*****	.			Am 7241/	
							Business Code				
11	la	************								A STATE OF THE PARTY OF THE PAR	
1	þ										
	C										
		All other revenue	 .						-		
		Total. Add lines						1			
	. "	Total savanus C	Roo Inc	structions				1,563,255	0	0	20,90

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX											
	Strack is posterially O collidate a les	sponse or note to any line i	n this Part IX	6.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.							
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(8) Program service expenses	(C) Management and general expenses	(D) Fundralsing						
1	Grants and other assistance to domestic organizations			gonerou experises	ЭХРЭЛВЭ6 						
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic		† 								
	Individuals, See Part IV, line 22	1									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign		1								
	Individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members		 								
5	Compensation of current officers, directors,		·								
	trustees, and key employees		1	İ							
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 seleries and words										
a	Pension plan accruals and contributions (include										
~	section 401(k) and 403(b) employer contributions)		1								
9	Other employee benefits										
10	Payroll taxes										
11	Payroll taxes Fees for services (nonemployees):	***** <u> </u>									
 a	Management			-							
b	Management Legal										
	444444444444444444444444444444444444444										
— '	Accounting										
e	Lobbying Professional fundralsing services, See Part IV, line 17										
f	Investment management fees										
g	Other, (If line 1 ig amount exceeds 10% of line 25, octumn										
9	(A) amount, list line 11g expenses on Schedule O.)										
12	Advertising and promotion			··· · · · · · · · · · · · · · · · · ·							
13	Office expenses	7,490									
14	Office expenses Information technology	7,430	4,748	2,742							
15	Royaltles										
16	Royaltles Occupency										
17	Cocupancy										
18	Travel Payments of travel or entertainment expenses			***							
	for any federal, state, or local public officials				N						
19	Conferences, conventions, and meetings										
20	Internet	·····									
21	Payments to affillates		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
22	Depreciation, depletion, and amortization			· · · · · · · · · · · · · · · · · · ·							
23	neitranac	495									
24	Other expenses. Itemize expenses not covered			495							
	above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	Educational Program Pmts	1,296,063	1,296,063								
b	Scholarships	34,866	34,866								
C	Sterling Scholars	17,978	17,978	· · · · · · · · · · · · · · · · · · ·							
d	Swag Expenses	4,001	11,718	4 00=							
e	All other expenses	3,289	790	4,001							
25	Total functional expenses. Add lines 1 through 24s	1,364,182	1,354,445	2,499							
26	Joint costs. Complete this line only if the	, 202	-1004,440	9,737	0						
	organization reported in column (B) joint costs from a combined educational campaign and		j								
	fundralsing solicitation. Check here										
	following SOP 98-2 (ASC 958-720)										
)AA											

					Page 1
	Check if Schedule O contains a response or note	to any line in this Part X	· 		 1
			(A)	 	(B)
1	Cook was latered to		Beginning of year		(B) End of year
2		***************		1	
3	Cavings are lenguistry cash investments		1 0 2 2 2		2,074,690
1 .		*******		3	2/0/1/090
4	The second of th			4	
5	Loans and other repelvables from any current or former	Officer director			
	trustee, key employee, creator or founder, substantial co	ontributor, or 35%			
_	controlled entity or family member of any of these perso.	ns ,	44 14 14 14 14 14 14 14 14 14 14 14 14 1	5	
6	Loans and other receivables from other disqualified pers	one (or defined	Office of the state of the stat		
_	under section 4958(f)(1)), and persons described in sect	lon 4958(c)(3)(B)	A country and managements but	6	
7	notes and loans receivable. Det			7	
6				8	
9				9	
1 10a	and additional good of the	1 1			
Ι.	basis. Complete Part VI of Schedule D	10a			
ا ـ ا	Less: accumulated depreciation	106	(Read to the party of the control of	10c	
J '''	Investments—publicly traded ecountries			11	
12				12	
13	program forested, one stall IV, fille s			13	
14	- real Bloto croadio			14	
15	Chief desets, 566 Falt IV, IIII6 17		- 17 TIME	15	
18				16	3 074 600
17	Accounts payable and accrued expenses	30.10		17	2,074,690
18	and the projection			18	
			· · · · · · · · · · · · · · · · · · ·	19	
20	TO A CARLOT DONG HADIIISAN			20	······································
21	Lacrow or custodial account flability. Complete Part IV of	Schedule D		21	<u> </u>
	Take of the bayables to any current or former officer	. director.			
	trustee, key employee, creator or founder, substantial cor	itributor, or 35%			
ļ	controlled entity or family member of any of these person	b	Alle and the first of the state	22	
23	Secured mortgages and notes payable to unrelated third	narileg		23	
	stated notes and loans payable to unrelated third hal	ties		24	
25	Other liabilities (including federal income tax, payables to	related third		E-1	<u> </u>
i	parties, and other liabilities not included on lines 17-24) (Complete Dart V			
	of Schedule D	*****************		25	
	The state of the s		0	26	
	Organizations that follow FASB ASC 958, check here	X			0
	and complete lines 27, 28, 32, and 33,				
	Net assets without donor restrictions		203,671	27	
28	Mat georg Altri CORDL TestINCTIONS		1,671,946	28	229,815
1	Organizations that do not follow FASB ASC 958, check		20	1,844,875	
	and complete lines 29 through 33.				
	Capitel stock or trust principal, or current funds		29		
29				20	
29 30	Paid-in or capital surplus, or land, building, or equipment f	und		ลก	
29 30 31	Paid-in or capital surplus, or land, building, or equipment f Hetained earnings, endowment, accumulated income, or c	und		30	
30 31 32	Paid-in or capital surplus, or land, building, or equipment f Hatained earnings, endowment, accumulated income, or o	und other funds	1,875,617	30 31 32	2,074,690

2,074,690 Form **990** (2020)

Form 980 (2020) The Washington County School 87-0439582		
MEAN Reconciliation of Net Assets		Page 12
Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12)		-
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25)		
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1		1,563,255
3 Revenue less expenses, Subtract line 2 from line 1	2	1,364,182
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	3	199,073
5 Net unrealized gains (losses) on investments	4	1,875,617
6 Donated services and use of facilities 7 Investment expenses	5	**
7 Investment expenses	6	
8 Prior period adjustments	171	
9 Other changes in net assets or fund balances (explain on Schedule C)	8	
Net assets or fund balances at end of year Combine lines 3 through a formal	9	
42, 00(unit (B))		
Part XII Financial Statements and Reporting	10	2,074,690
Check if Schedule O contains a response or note to any line in this Part Xil		
	<u></u>	
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		Yes No
If the organization changed its method of accounting from a prior year or checked "Other I work in the		
-0.104414 0,		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
tall allow a box below to indicate whether the tipancial statements for the year ways		. 2a X
reviewed on a separate basis, consolidated basis, or both:		
Separate hasis Consolidated heats		
b Were the organization's financial statements audited by an independent and separate pasis		
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b X
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Roth security		
e If "Yes" to line 2a or 2b, does the organization have a compile a state and separate basis		- Honney Jackson (Asiacra)
The state of the s		
If the organization changed either its oversight process or selection process during the tax year, explain on		2c
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
b If "Yes," did the organization undergo the required guilt or guilted to the assets.		3a
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		
and describe any steps taken to undergo such audits	********	3b
		Form 990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2020

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ,

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

Open to Public

Name of the organization

The Washington County School District Foundation

Employer identification number 87 - 0439582

Schedule A (Form 990 or 990-EZ) 2020

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ß An organization that normally receives a substantial part of its support from a governmental unit or from the general public X described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see Instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations

Provide the following information about the supported organization(s). (I) Name of supported (III) Type of organization (iv) is the organization (v) Amount of monetary organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

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

Complete only if you checked the box on line 5, 7, or 8 of Part III. If the organization falled to qualify under Part III. If the organization falled to qualify under In the organization falled to qualify under In the organization falled to qualify under In the state listed below, please complete Part III. Glids, grants, contributions, and manchesistic test received. (Io not include any unusual grants.) Glids, grants, contributions, and manchesistic test received. (Io not include any unusual grants.) Glids, grants, contributions, and manchesistic test received. (Io not include any unusual grants.) Glids, grants, contributions, and manchesistic test received. (Io not include any unusual grants.) Glids, grants, contributions, and manchesistic test received. (Io not include any unusual grants.) Glids, grants, contributions, and manchesistic test from the description of the state of the unpertained to the shall be unpertained to be shall be superfailed. The behalf of the shall be superfailed to the shall be superfailed to the shall be shall be unpertained by a governmental unit to the organization without change organization without change organization without change organization without change organization of the conditions of the shall be	S	chedule A (Form 990 or 990-EZ) 2020 T) Part Support Schedule for	ne Washing	ton Count	y School	87	-0439582	
Section A. Public Support Calendaryser (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total metabority from the public Support (b) 2019 (d) 2019 (e) 2020 (f) Total metabority from the public Support (c) 2019 (d) 2019 (e) 2020 (f) Total metabority from the public Support (c) 2019 (d) 2019 (e) 2020 (f) Total metabority from the public Support (c) 2019 (d) 2019 (e) 2020 (f) Total metabority from the public for the public Support (c) 2019 (d) 2019 (e) 2020 (f) Total metabority from the public Support (c) 2019 (d) 2019 (e) 2020 (f) Total Support Sup		(Complete only if you ch	sokad the hour	Posoi ined (1) (sections 170(b))(1)(A)(iv) and	170(b)(1)(A)(v)	Page 2
Socializary serior (friend year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2016 (d) 2016 (e) 2020 (f) Total Carlot (friend year beginning in) (e) 2018 (d) 2019 (e) 2020 (f) Total Carlot (friend year beginning in) (e) 2018 (e) 2019 (f) Total Carlot (friend year beginning in) (e) 2019 (f) 2019		Part III. If the organization	neckeu (Ne pox (on line 5, 7, or 8	3 of Part I or if th	ne organization	failed to qualify	/ / Linder
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b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain organization organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see			vo anim-on prittigitili	398" (est. The orde	nization qualifica as	والمرابع والمرابع والمرابع		
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organization	•	15 is 10% or more, and if the organization r	neets the "facts on	رو په ۱۹۰۷ د ۱۹۰۰ د او د د د د د د د د د د د د د د د د د	ox of the 15, 10a,	rob, or 1/a, and (ine	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		in Part VI how the organization meets the "t	acts-and-circumete	u-cucumstances"	est, check this box	and stop here. E	xplain	
instructions		organization	wild on outilists	ංශයේ ලෙදි, (NO O)	ganization qualifies	as a publicly supp	orted	14.5.8
instructions	18	Private foundation. If the organization did	not check a box on	line 13 18a to-	470 or 450		*************	▶ □
Schedule A (Form 990 or 990-EZ) 2020		instructions		mo to, roa, rob,	178, or 17b, check	this box and see		
Schedule A (Form 990 or 990-EZ) 2020				*********	*************			▶ 🗍
					·	Sci	hedule A (Form 990	or 990-EZ) 2020

Sch	edule A (Form 990 or 990-EZ) 2020 The	· Washing	ton Count	y School	8.	7-0439582	,
	(Complete only if you che If the organization fails to	rganizations cked the box o	Described in :	Section 509(a)((2)		· Part II.
	SCIPILIZE L CIDITO CONDICOLE	-y	aro toolo liated	below, please c	ompiete Part I	<u>l.)</u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(a) 0010	() ====	
1	Glifts, grants, contributions, and membership fees received. (Do not include any "unusual grants,")		10,201,	(6) 2018	(d) 2019	(e) 2020	(f) Total
. 2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-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						
С	Add ilnes 7a and 7b						
ö	line 6.)						
Sec	uon p. Total Support			. and the commence of the	<u>พระบาทสายสามารถสา</u>		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	45 T
9	Amounts from line 6				(4) 2010	(e) 2020	(f) Total
0a	Gross Income from Interest, dividends, payments received on securilles 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						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1 11 11 1				
	Total support. (Add lines 9, 10c, 11, and 12.)						
<i>~</i> 4	FIRST 5 Vears. It the Form 990 is for the oray	anization's first, s	econd, third, fourt	h, or fifth tax year a	s a section 501 (c)	(3)	* ys
ect	organization, check this box and stop here ion C. Computation of Public Sur	mort Parcent	<u></u>				<u>,</u> ▶ [
5	Public support percentage for 2020 (line 8)	column (f) chuldos	dye		·		
6	Public support percentage for 2020 (line 8, or Public support percentage from 2019 Schedion D. Computation of Investmen	lule A. Part III IIIa	ina 12, coldu ina 12, coldu	nn (f))		15	%
ect	ion D. Computation of Investmen	t Income Per	entago	<u> </u>	*******		%
7	Investment income percentage for 2020 (line)	e 10c. column #\	divided by line 40	deliment (4)			
	F = 100 mag in offi man in Oc	noune A. Pan III.	IIDA (7				%
9a	33 1/3% support tests—2020, If the organi:	zation did not che	ck the boy on flag	14 and line 45 to			%
	17 is not more than 33 1/3%, check this box	and stop here. 3	he organization of	r im, auto illier 15 (S.) Malifiae aa a sublisi	тоге тап 33 1/39 kt augnorted	%, and line	
b	33 1/3% support tests—2019. If the organiz	، العاجب، م حاج غيره إماله ممالمه	als a base of the	Termines de a habilo	iy supported orga	nization	,,,,,,, > L

33 1/3% support tests-2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Org **Supporting Organizations**

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

Section A. All Supporting Organizations

. 1	Are all of the organization's supported organizations listed by name in the organization's governing	Physical	Yes	No
	The state of the s			
2	F TO THE TO THE MEDICAL PROPERTY OF THE PROPER			
	and the organization trave any supported organization that does not have an income	1	er in the	inice years
	(a/\') or \=1 " (as axidit) in Fair VI how the example of the section of the sect			
За	Travel a supported Oldanization described in section 501/6//// (c) (c) (c)	2	Terretary	TERRITOR
	···· = - ·· = ·· + //			
b	The state of the s	3a	diving and the same	-5404,5-4
	The proof of the second of the			
_	and the detail in the detail i			
C	The area of guaranteer to the control of the contro	3b	SANCTON TO	factors satura
4	TOTAL TOTAL TO THE PROPERTY OF			
4 a	The state of the s	3c		omiliares cet
4-	TEACH I JOS OFFICE TEACH IEU III FUIT I. BUSINEY (h) and (a) Enforce	_	erie:	
b	Did the organization have unimate control and discretion in deciding whether the section is	An Awaran	CHARLES AND	the most the se
	The state of the s			
	The sound of Supervised by Or In Connection With the elipsortal arms to the			
С	and the organization; support any foreign supported organization that does not be a supported by	4b	. I	12.4
		- 1		
	the support to the foreign supported organization was used explusively for section 170/6/(n) as			
	r r ····			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	46		
	and the mind of below (if applicable). Also, provide detail in the last with the last with the second of the secon			
	THE COPPORTED DISIGNATION OF SUPERING AN ADDRESS OF TAXABLE AND ADDR			
	The state of the organizations organizated good ment authorizing such posters and the state of t			
d	type i or Type ii only. Was any added or substituted supported organization part of a classic state.	5a	enewearn :	A
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b		
6	The way the wa	5c	named and	(Kirkmana ara
	The same of the supported organizations, an individuals that are next at the same in the s			
	V W IV VODEO IOU OLUBIIIZATIONS OF THE OTHER PRINCEPINA ASSOCIATION OF THE OTHER PRINCEPINA OTHER PRINC			
	The state of the fitting of salidation is supported organizationed if the transfer of the salidation is a salidation of the salidation of			
7	The state of province of Middle, 10dill, Courtbell State of Athor Share and the state of the sta	6	de: Bana	Post 0.4 1-15-160-1
_	The state of the s			
8	and a generation make a logit to a disqualified person (as defined in section 4050) not deport and the time to	7	iestar eri S	100000000000000000000000000000000000000
_	"			
9a	Was the organization controlled directly or lockreatly at any time during the terms.	8	distancial w	021
	and a defined in Section 4946 (other than foundation managers and asset and			
	Security of the security of th			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest to account the controlling interest to account th	9a		n state on the
	The tong organization liquiditificates of the provide detail in heart w			
C	Did a disqualified person (as defined in line 9a) have an ownership interest in an election	9b	A	
	The supposition of the suppositi			
.10a	The arm organization subject to the excess pusiness holdings rules of continuation 4040 to	9c		
	Type it supporting organizations, and all Type III constructions is			
	***Previous organizations) (ii 1 ds. answer line 11 in helow			
b	Did the organization have any excess business holdings in the tay year? (Log School: 0. 5	10a		
-	determine whether the organization had excess business holdings.)			
		10b		

	edule A (Form 990 or 990-EZ) 2020 The Washington County School 87-0 art IV Supporting Organizations (continued)	439582	, -	Page 5
11	Has the extended to provide the state of the		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either along or together with a second and a second a second and a second a second and a se			
	A person who directly or Indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?			
k	A family member of a person described in line 11a above?	<u>11a</u>		ļ
•	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b	rabitera e recei	Banton Town
_	udian in Part VI.	de la company		
Sec	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	e or		con set acc
	more supported digalizations have the power to requisity appoint or elect at least a majority of the contract to	ors,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to enough and/or more offers.	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	the L		
2	Did the organization operate for the benefit of any supported organization other than the supported	1	70) III (100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	AT NOW providing such benefit carried out the purposes of the supported organization(s) that operated	200-200 200-200		
	supervised, or controlled the supporting organization		agaliae	
Sec	tion C. Type II Supporting Organizations	2	ļ	
1	More a moleulty of the		Yes	No
. •	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vesterable in the supporting organization.			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sect	tion D. All Type III Supporting Organizations	1_		
. 1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ALCON .	Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pulsation			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) people at the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided:	1		
2	were any of the organization's officers, directors, or trustees either (i) appointed or elected by the automated			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship deposits the Continuous working relationship with the supported organization(s).	2		
-	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this redard.			
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (and insti	ructions)	—	· · · · · ·
a	The organization actioned the Activities rest. Complete the 2 below.	abliona),		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
.c 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)		
a	Warmoo 1981 Anama mea za anu zu pelow.	1	Yes	No
KA	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported exempt."			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		1
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.		And the control	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b	- 15 TO 18 TO	Herena
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	rustees of each of the supported organizations? If "Yes" or "No." provide details in Part VI	130		
þ	Did the organization exercise a substantial degree of direction over the policies, progress, and policies of the body	3a		
AA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	especial (

Schedule A (Form 990 or 990-EZ) 2020 The Washington County Sci	hool	87-0439	582 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizat	ione	
1 Use Check here if the organization satisfied the integral Part Test as a qualifying trust.	on Nov. 20 1	970 Javalein in Part VIII	See
Instructions. All other Type III non-functionally integrated supporting organization	s must comp	lete Sections A through E	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(400.0000)
2 Recoveries of prior-year distributions	2		
3 Other gross Income (see instructions)	3		
4 Add Ilnes 1 through 3.	4	****	
5 Depreciation and depietion	5		· · · · · · · · · · · · · · · · · · ·
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			. t days
held for production of Income (see Instructions)	6		
7 Other expenses (see Instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	ill is a		(optional)
instructions for short tax year or assets held for part of year);			
a Average monthly value of securities	1a	THE PROPERTY OF STREET STREET,	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors	iu		SVOCESSILVESTIGIE PROGESTY - S-4-1
(explain in detail in Part VI);			
2 Acquisition Indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0,035.			
7 Recoveries of prior-year distributions	B		
8 Minimum Asset Amount (add line 7 to line 6)	7		
Section C - Distributable Amount	8		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 income tax imposed in prior year	[
6 Distributable Amount. Subtract line 5 from fine 4, unless subject to	5		
emergency temporary reduction (see instructions).			
7 Check here if the current year is the organization's first as a non-functionally list-	6		
7 Check here if the current year is the organization's first as a non-functionally integr	ared Type III	supporting organization	

The Washington County School Schedule A (Form 990 or 990-EZ) 2020 87-0439582 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of Income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6, Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See Instructions. Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (III) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See Excess distributions carryover, if any, to 2020 a From 2015. b From 2016..... o From 2017..... d From 2018, e From 2019 1 Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2016 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, Ilne 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI, See Instructions. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2016. b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 898-EZ) 2020

Part VI	m 990 or 990-EZ) 2020 The Washington County School 87-0439582 Page (
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

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

Employer identification number The Washington County School District Foundation 87-0439582 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), il, and ill. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of orga The Wa	ashington County School	E	ge 1 of 2 Pa imployer identification number
Part		()	('/ ~ O <i>/</i> / 7 B E B A
(a)	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is r	reeded.
No.	Nome address of the	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 1,			
			Person X Payroli
	191110	\$ 50,200	Noncash
	would the same of		(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
2			nonjugitinos to edy t
,,,,,,			Person X
		\$ 20 AEA	Payroll
		\$39,052	Noncash (Complete Device)
	114441		(Complete Part II for noncash contributions.)
(a)	(b)		TOTOGOT GOT INTERNION IS.)
No.	Name, address, and ZiP + 4	(c)	(d)
2		Total contributions	Type of contribution
3			Person
			Payroli
		\$ 34,459	Noncash X
	********		(Complete Part // for
(a)			noncesh contributions.)
No.	(b) Name, address, and ZIP + 4	(c)	(d)
	Harris accress, and ZIF + 4	Total contributions	Type of contribution
4			
			Person X Payroll
	······	\$ 40,000	Noncash
			(Complete Part II for
			noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
5			
			Person X
			l Danier III
	,,,,,,,,	\$ 94.089	Payrot!
		\$ 94,089	Noncash
		\$ 94,089	I 5
(a)			Noncash (Complete Part II for noncash contributions.)
		(c)	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)		Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 2 of 2 Name of organization Employer Identification number The Washington County School 87-0439582 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution . 7.... Person Payroll 35,988 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 8 Person Payroll \$ 152,720 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll 41,879 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Nο. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZiP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part || for noncash contributions.)

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	School Equipment and Supplies	\$ 34,459	.09/30/20
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
6	Light Fixtures	s 39,226	06/11/21
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date-received
WFF			
.,		\$	***************************************
a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncesh property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
••••		\$	

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Schedule M (Form 990) 2020

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

The Washington County School District Foundation
Types of Property

Employer identification number 87-0439582

	Part Types of Property	× ~ ~ ~	AGCTOT	·	87-043	9582
-		(a)	(b)	(c)		
		Check If	Number of centributions or	Noncash contribution	(d)	
		applicable	items contributed	amounts reported on	Method of dete	
1	Art Works of art			Form 990, Part VIII, line 1g	noncesh contributi	on amounts
2	Art — Historical treasures					
3	Art — Fractional Interests					
4	Books and publications					
5	Clothing and household					
٠						
6	Goods					
7	Cars and other vehicles					
8	Boats and planes	 				
9	Intellectual property					
	Securities Publicly traded					
10	Securities — Closely held stock					
1	Securitles — Partnership, LLC,					
_	or trust interests					
2	Securities — Miscellaneous					
3	Qualified conservation				-	A A TORREST
	contribution — Historic					
	structures					
4	Qualified conservation					
	contribution — Other					
5	Real estate — Residential					
6	Real estate — Commercial				. , , , , , , , , , , , , , , , , , , ,	
7	Real estate — Other					
8	Collectibles					
9	Food Inventory		···	· · · · · · · · · · · · · · · · · · ·		
O-	Drugs and medical supplies					
1	Taxidermy					
2	Historical artifacts					
3	Solentific specimens					
4	Archeological artifacts					
5	Other ►(x	8	454 ABO		
6	Other ►(134,152		
7	Other > (
8	Other ►(
•						
,	Number of Forms 8283 received by the	ne organiza	ation during the tax year	for contributions for		
	which the organization completed For	m 8283, P	art IV, Donee Acknowled	dgement	29	
a	During the year did the same	. • -				Yes N
щ	During the year, did the organization	receive by	contribution any property	/ reported in Part I, lines 1	l through	
	En' mor ir umar tiord fot at least fUlee	years from) the date of the initial co	ntribution, and which sn't	required	
	to be agen tot exettible bit boses for the	ie entire ho				30a X
b	If "Yes," describe the arrangement in	Part II.			******************************	
	Does the organization have a gift acc	eptance po	lley that requires the rev	lew of any nonstandard		
	contributions?				*************************	
а	Does the organization hire or use thin	d parties or	related organizations to	solicit process or sati n		31 × X
	contributionsy		J	manual kinggool of sell lit	onodel)	
b	The second of th					32aX
	If the organization didn't report an ame	ount in coli	umn (e) for a type of pro-	norty for which actions (1)	So observed	
	describe in Part II.		(e) for a type of prof	ord to minou column (e)	is cnecked,	
	aperwork Reduction Act Notice, see the					

Panil	Supplemental Information County School	87-0439582 Page 2
1411-742-6-7-7-11-1, 15	Supplemental Information. Provide the information required by Part I the organization is reporting in Part I, column (b), the number of contribution of both. Also complete this part for any additional info	, lines 30b, 32b, and 33, and whether putions, the number of items received, rmation.
(, , , , , , , , , , , , , , , , , , ,		
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Name of the organization. The Washington Country Colors to Country Colors to Country Colors to Country Colors to Col	Inspection
Name of the organization The Washington County School District Foundation	Employer identification number
	87-0439582
Form 990, Fart III, Line 4d - All Other Accomplishments	
Restoration of Historic Educational Building to be used	as the District
Media Center, a computer training center and for teacher	
training.	
Form 990, Part VI, Line 11b - Organization's Process to	Review Form 990
Copies of the 990 are provided to the Director of the Fo	
has given him authority to reveiw the return prior to f	
reviewing the return if questions arise he would discus	
board. He then signs and files the return	s them with the
The second secon	
Form 990, Part VI, Line 12c - Enforcement of Conflicts	nal å
At the boards annual retreat held early in the year, the	
y potential conflicts of interest. Any specific conflict	ts are discussed an
d noted.	
Form 990, Part VI, Line 19 - Governing Documents Disclo	sure Explanation
Copies of governing documents, polices, and financial re-	ecords are kept on
file and are available to the public upon request.	
·	