Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2023 Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24C 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) 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 \$ 3,041,742 Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Steven Dunham 121 W Tabernacle St Yes H(b) Are all subordinates included? St George If "No," attach a list. See instructions UT 84770 X 501(c)(3) Tax-exempt status: 501(c) () (insert no.) 4947(a)(1) or www.washkl2.org/foundation Website: H(c) Group exemption number X Corporation Trust 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 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) ŏ ies 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Ω 6 Total number of volunteers (estimate if necessary) 98 6 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. 7h 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 2,269, 841 2,927,894 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 94, 517 113 848 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) 2,364,358 3,041 742 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,689,904 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) 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,138,494 31,447 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,138,494 2,721,351 19 Revenue less expenses. Subtract line 18 from line 12 225,864 320,391 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,335,596 2,655, 987 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21 from line 20 335,596 2,655,987 Signature Block Part II 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 Date Here Steven Dunham Director Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid Ryan N Cramer, CPA Ryan N Cramer 01/06/25 self-employed P00633789 Preparer Savage Esplin & Radmall Firm's name Firm's EIN Use Only 20 N Main St Ste 402 St George, UT 84770 Phone no. 435-673-6195

May the IRS discuss this return with the preparer shown above? See instructions

rac	90 (2023) The Washington County School	<u>87-0439</u> 582	Pag
	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to	any line in this Part III	<u></u>
_ I			
Τç	serve the schools and each student	of Washington County.	
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[old the organization undertake any significant program services during the	trans which was a last of an at	··
E			<u> </u>
	"Yes," describe these new services on Schedule Q.		Yes X
	old the organization cease conducting, or make significant changes in how	to a southern to	
5	envices?	it conducts, any program	
ī	ervices? "Yes," describe these changes on Schedule O.	***************************************	Yes X
1	Describe the organization's program continues assemblishments for any time		
-	Describe the organization's program service accomplishments for each of it	s three largest program services, as measured by	
	xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to rep	ort the amount of grants and allocations to others,	
٠	ne total expenses, and revenue, if any, for each program service reported.		
		•	
	Code:) (Expenses \$ 1,100,834 including grant	s of \$1,100,834) (Revenue \$	1,315,41
# Y	wederonar Frootam Payments are made	TO ABOUT SCHOOL in the Was	lo
υĻ	uncy school District. In this way, e	ach student in the School	District
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) (Code:) (Expenses \$ 71,363 including grant	s of \$ 71,363) (Revenue \$	71,36
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Wạ	shington County High Schools.		
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O	unty who receive Sterling Scholar Aw ther program services (Describe on Schedule O.)	s of \$) (Revenue \$ s from each high school i ards.	n Washingt

	TEIV Checklist of Required Schedules			
			Yes	N
	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1 1	\mathbf{x}_{-}	
	is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	_
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			┢
	candidates for public office? If "Yes," complete Schedule C, Part I	ا ۾ ا		١,
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	<u> </u>	. 3
	Section 601(7)) or gameations, Did life organization engage in hoppying activities, or have a section 601(n)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4]
	Is the organization a section 501(a)(4), 501(a)(5), or 501(c)(6) organization that receives membership dues,			ĺ
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		2
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? #			l
	"Voe " complete Schedule D. Pert I			١,
	Did the organization receive or hold a conservation sasement, including easements to preserve open space,	6	ļ	2
	the online many bloom and more or bloom account in manufacture described to preserve open space,	İ	ł	١.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		2
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
	complete Schedule D, Part III	8		2
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			T
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			l
	debt pegattetion services? If "Vas." complete Schodule D. Rest IV		1	ļ.,
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		-
				١.
	or in quasi-endowments? if "Yes," complete Schedule D, Part V	10		<u> </u>
	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
B	-Did-the-organization-report-an-amount-for-land,-buildings-and-equipment-in-Part-X,-line-10?- <i>lf-"Yes,"</i>			
	complete Schedulo D, Part VI	11a		:
5 —	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 V. line 162 if "Vas." complete Schoolule D. Part IVI			١.
		11b		Ľ
•	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			1
	of lis total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1	-	1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
9	Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 1.10	 	╁╌
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			Ι.
a		11f	├	╀:
d	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ĺ	1	
	Schedule D, Parts XI and XII	12a		L
)	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1	1
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	1
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 -	
a	Did the organization maintain an office, employees, or agents outside of the United States?	4.4-	1	
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	- -	1
,				
	fundralsing, 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	<u> </u>	
	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 favoir paragraphes 16 "Van" complete Schadule E. Dorte II and III	15	ļ	1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	╀
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
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	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and Ba? If "Yes," complete Schedule G, Part II 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	16 17 18		
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Harrier .	onesdate of required scriedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-66-		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	1	x
24a	and a second tierra a ray exempt pour leads with all constantions bisticipal attorney of work than			<u> </u>
	\$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. It "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an esorow account other than a refunding escrow at any time during the year to defease any tax-exempt bonde?			
d	Did the organization and as an "on helpalf of" legger for bonds culestandless at any three days.	24c		<u> </u>
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedula L. Boot I			l
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ľ		
	If "Yes," complete Schedule L, Part I	256		~~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L., Part If</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	<u> </u>		
	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 those			
28	persons?-If "Yes;" complete Schedule L., Part III Was the organization a perty to a business transaction with one of the full to the complete schedule.	27		_X-
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	is summit		
	What I accomplate the Last of the second of	·		
b	A family member of any individual described in line 2897 if "Yes" complete Schoolule 1. Dog 114	28a		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28g or 28h2 if	28b		X
	"Yes," complete Schedule L, Part IV	28c		X
29	The first and the street of th	29	Х	
30	Did the digenization receive contributions of art, historical treasures, or other similar assets, or qualified	<u> </u>		
	conservation contributions? If "Yes," complete Schedule M	30		х
31	old the organization injuriate, terminate, or dissolve and dease operations? If "Yes," complete Schedule N. Pert I	31		X
32	bid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	complete Schedule N, Part II	32		X
-00	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	1		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	_33	_	X
	or IV, and Part V, line 1	 	İ	
35a	or tV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		<u>X</u>
. b	in 166 to line out, the digenization receive any payment from or engage in any transaction with a	35a		X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule B, Part V, line 2	35b		
36	Section 50 (C)(3) organizations. Did the organization make any transfers to an exempt non-charitable	950		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	and digenization conduct more than 3% of its activities through an entity that is not a related Argenization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	i i	Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	197 Note: All Form 990 filers are required to complete Schedule C. Statements Regarding Other IRS Fillings and Tax Compliance	38	X	L
报报	Statements negarding Other Ins Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	 		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	t-man-	Yes	No
b	Fig. 11. 1 FF 142 M 1 1 2 2 1			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?			
		[10	L	X

Forn	n 990 (2023) The Washington County School 87-0439582	-		3000 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	2age 5
2a	Enter the number of employees reported on Form W-3, Transmittel of Wage and Tay	加维金	193	No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
þ	If at least one is reported on line 2a, did the organization file all required federal amplement to want to want to be a second or line 2a.	2b	imentier.	HAMME
За	Did the organization have unitalitied business gross (noome of \$1,000 or more during the years)	3a		x
b	" " " " " " " " " " " " " " " " " " "	3b		- A.P.
4a	As any time during the calendar year, did the organization have an interest in, or a signature or other authority over			1.0
	a intericial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	if "res," enter the name of the foreign country			
_	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAH).			
5a	vias the organization a party to a prohibited tax shelter transaction at any time during the tay year?	5a	erminiek	X
b	and any taxable party floarly the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
Ç	1. 100 to this or on op' and the distallication like Lottil 8880-13	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 40		-
٠.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	if "Yes," did the organization include with every solicitation an express statement that such contributions or			-22
_	girs were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made parily as a contribution and parily for goods			
	and services provided to the payor?	7a	omm, pr	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Ċ	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	1 495, indicate the fulficer of norms 8282 filed during the year 7.4		Wit.	
<u>e</u>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ersenatit is	X
— ī	-bie-ine-organization; during-the-year, pay-promiums, directly-or-indirectly-on-a-personal-benefit-contract?	-71		-X
9 —h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
U	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Sponsoring organizations maintaining donor advised funds.			
b	Did the sponsoring organization make any taxable distributions under section 4966?	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			
b	Gines repeints included on Form 000 Doubles Barries 49 April 18			
11	Section 601(c)(12) organizations. Enter;			
a	Gross income from members or shareholders			
b	Gross Income from other sources. (Do not net amounts due or paid to other sources			
	One instruction due on remained frame them.			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "VAS" anter the amount of the average interest we stored	12a	an river is.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers,			
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	mina .	tura di arbituta
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	too organization in the wood to be a second with the second secon			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any navments for indoor topping condece during the			
· b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		<u>X</u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		<u> </u>
			i	
	If "Yes," see Instructions and tille Form 4720, Schedule N.	15		X
10	is the organization an educational inetitution subject to the center 4000 and a large subject to	William.		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	w.Sinker**	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities		india.	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
_	If "Yes," complete Form 6069.	17 Metescon	PWART I P	建煤度加速 48
			aran ya	

For	n 990 (2023) The Washington County School 87-0439582		ro	-
P	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7h below and	fora	1 x 1 4	<u>age 6</u>
	response to line ad, by, or top pelow, asscribe the circumstances, proceeds or changes on Cabadula O. a.		ruette	me
-	Shock it defletate o contains a response of those to any line in this Part VI	, o 11,04,	, 6000	X
500	ction A. Governing Body and Management			143
٠.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	AT	_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	İ	_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	bid the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	or the organization have members of stockholders?	6		X
7a	bit the organization flave members, stockholders, or other persons who had the power to elect or appoint			
L.	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? Did the organization contemporaries allow document the procious hold a sufficient hold a sufficient hold.	7b		X
8	and a second of the policy decision to the interior of written actions (indertaken during the year by the following)			
a	The Boyer Hill Body?	8a	X	
d C	Each committee with authority to act on behalf of the governing body?	8b	х	_
8	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
200	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9_		X
260	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
10a	Did the organization have level should be a long to the state of the s		Yes	No
ь	Did the organization have local chapters, branches, or affiliates?	10a		X
_	if "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written confiled of interest policy? If "No," go to line 13			
b	Were officers, directors, or tructors, and key employees register the "No," go to line 13	12a	X	
Ç	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
~	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done			1
13	Did the organization have a written whistleblower policy?	12c	X	
14	Did the organization have a written decrease translan and decrease.	13	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14	X	
••	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO. Executive Director, or top management effects!			
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		X
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?		Mai	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X
~	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.			
Sec	organization's exempt status with respect to such arrangements? tion C. Disclosure	16b		
17				
18	List the states with which a copy of this Form 990 is required to be filed None			
	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. X Own website Another's website X Upon request Other (available on Schedulo C)			
19				
13	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.		٠.	5*
	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	even Dunham 121 West Tabernacle			
_00	George UT 84770 435	-67	3-3	553

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Form 990 (2023) The Washington County School 87-0439582	
Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	<u>ə</u>
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."	
who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-MEC) of more than	
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 organization.	
 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 box any related organization and the control of the	

CHACK THE DOX II THEIRIGHTHE OF	anization nor an	y rei:	ated	orge	ıniza	tion	com	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week	of bd	oc uni ficer a	Pos check ess ps	erson i lireoto	than die both	ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
<u></u>	(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEO)	compensation from the organization and related organizatione
—(1)Jamie Bahlmann					=					
Board Member	1,00	X	_	_			_	- o		
(2) Lanse Chournos								· ·	<u> </u>	
Board Member (3) Richard Holmes	1.00 0.00	x		ļ				0	o	0
Board Member	100	x								
(4) Chris Jones	0.00	Δ.	<u> </u>	—				0	0	0
Board Member	1.00	x						0	•	
(5) Brittney Macdona	ld.								0	0
Board Member	1.00 0.00	X						0	0	0
(6) Vasu Mudliar										0
Board Member (7) Chani Reeve	1.00 0.00	х				_		0	0	0
() CHAIL REGVE	1.00									
Board Member (8) David Stirland	0.00	X		_				0	0	0
(o) David Delitand	1.00	- [
Board Member		\mathbf{x}	İ			ĺ		0		
(9) Clay Denos						-	_		0	0
Chairman	1.00 0.00			x				0	0	
(10) Steven Dunham									0	0
Director	20.00			X				0	0	0
(11) Diane Tyler		-		T						0
Secretary	0.00			x				0	0!	0

DAA

3,041,

d All other revenuee Total, Add lines 11a-11d

12 Total revenue. See instructions ...

Statement of Functional Expenses Page 10 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 Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service 8b, 9b, and 10b of Part VIII. Management and вавлеска general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2,618,541 2,618,541 2 Grants and other assistance to domestic Inclividuals. See Part IV, line 22 <u>7</u>1,363 71,363 Grants and other assistance to foreign organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management Legal Accounting _____ Professional fundralsing services. See Part IV, Ilne 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 Office expenses 13 37 37 Information technology 14 Royalties 15 Occupancy 16 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses, itemize expenses not covered 24 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.) Sterling Scholars 23,414 23,414 Supplies 7,996 7.996 All other expenses Total functional expenses. Add lines i through 24e 2,721,351 2,713,318 8,033 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 following SOP 98-2 (ASC 958-720) DAA

	m 99 art	0 (2023) The Washington County School	87-0439582		Page 11
Marie	all.				
		Check if Schedule O contains a response or note to any line in this Part X		<u> </u>	
			(A)		(B)
	1	Cach non Interest heaving	Beginning of year		End of year
	2	Cash—non-Interest-bearing		1	
	3	ANTILISA MINI TERRITA DESTI HASSILISMES	1 2 22 6 6 7	2	2,655,987
	4	Accounts resolve the section of	.,,	3	
	5	The second secon		4	
	"	Loans and other receivables from 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			
	6	figure and other receivables from other discustive discussions	Million Control of the Control of th	5	The state of the s
G2	-	Loans and other receivables from other disqualified persons (as defined			
Assets	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
AS	8	Notes and loans receivable, net		7	
	9	mitalification office of Moc		8	
	1	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other		9	
	'''	basis Complete Part VI of Sahadute D			
	lь	basis. Complete Part VI of Schedule D 10a			
	11	Less: accumulated depreciation 10b		10c	to cheel (a) have
	12	Investments—publicly traded securities		11	
	13	Investments—other securities. See Part IV, line 11		12	
	14	Investments—program-related. See Part IV, ilne 11 Intangible assets		13	
	15	Other assets See Part IV line 11		14	
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 22)		15	
	17	Total assets. Add lines 1 through 15 (must equal line 33) Accounts-payable and accrued-expenses Grants payable		16	2,655,987
	18			17	
	-19-	Deferred revenue		18	
	20	Grants payable Deferred revenue Tax-exempt bond liabilities Escroy or quantified account liability. Complete Bott W. of Sahnakus D.		19	
		Escrow or oustodial account liability. Complete Part IV of Schedule D		20	
g	22	Loans and other payables to any current or former officer, director,	- , AMSSESSION CONTRACTOR STATE OF THE STATE	21	NACE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
api		controlled entity or family member of any of these persons			
⊣		becured intrigues and notes payable to unrelated third parties	· I	22	
ı	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		24	
- [parties, and other liabilities not included on lines 17-24). Complete Part X			
.		of Schedule D		_ [
	26	Total Ilabilitles, Add Ilnes 17 through 25	''	25	
		Organizations that follow FASB ASC 958, check here X	0	26	0
Sec		and complete lines 27, 28, 32, and 33.			
<u> </u>	27	Net assets without donor restrictions			
eg Eg	28	Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASH ASC ASS about here.	243,474	27	243,472 2,412,515
밀		Organizations that do not follow FASB ASC 958, check here	2,092,122	28	2,412,515
로		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds			
	20	1134747714134141414141414141414141414141		29	
뚫ㅣ		i alurin oi capital surplus, di 18110. Dilliding, or edillinment filing	! [~ .	
Assets		i alurin oi capital surplus, di 18110. Dilliding, or edillinment filing	! [30	11811
Vet Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
2	31 32	i alurin oi capital surplus, di 18110. Dilliding, or edillinment filing	2 335 506	31 32	2,655,987 2,655,987

2,655,987 2,655,987 Form **990** (2028)

Form 990 (2023) The Washington County School 87-0439	582		В	40
Hartxiii Reconciliation of Net Assets				<u>e 12</u>
Check if Schedule O contains a response or note to any line in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25)	1 1		41,7	1
 Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 	2			
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X line 32, column (A))	3		$\frac{21.3}{20.3}$	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized rains (losses) on investments	4		20,3	
		4,3	35,5	96
7 Investment expenses 8 Prior period adjustments	7			
Prior period adjustments Other changes in net assets or fund balances (excitain on Schedule O)	8		·	
	9	~ 		
The state of the s				
32, oolumn (B))	40	5 6	-	
			55,9	<u>87</u>
Check if Schedule O contains a response or note to any line in this Part XII			,	М
The state of the s	<u> </u>	********	,	
Accounting method used to prepare the Form 990: X Cash Accrual Other		El-Printeriores	Yes I	No
If the organization changed its method of accounting from a prior year or checked "Other," explain on				
Schedule Q.		E Tungo		
2a Were the organization's financial statements complied or reviewed by an independent accountant?				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a	<u> </u>	<u>X</u>
reviewed on a separate basis, consolidated basis, or both.				
Separate basis Correctionary Roth powerflated				
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent account of the consolidated basis.				
b Were the organization's financial statements audited by an independent accountant? if "Yes," chack a box below to indicate whether the financial statements for the year were audited on a		2b	X	
separate-basis, consolidated-basis, or both,				
				SHEW)
Separate basis X Consolidated basis Both consolidated and separate basis c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign the sudfit residues as a small title.				
the audit, review, or compliation of its financial statements and selection of an independent accountant	ght of			
if the greenization changed either its everyight process or extention or an independent accountant	l?	2c		X
if the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n on			
Uniform Guidance 2 C.E.B. Boot 000. Cultural Po	in the			
h. If "Ves " did the organization undergother vestigation with		3a	[
required audit or excite and a new land and a second audit or audits? If the organization did not undergo the	he			
required addition additis, explain why on Schedule O and describe any steps taken to undergo such add	dits	В		
 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth I Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 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. 		, 3b	m 990	

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.

Attach to Form 990 or Form 990-EZ.

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

200 NO. 1946-0047

Schedule A (Form 990) 2023

Open to Public

Department of the Treasury internal Revenue Service Name of the organization

Part I

The Washington County School

District Foundation

Reason for Public Charity Status. (All organizations must complete this part.) See instructions

The	organization is n	ot a private foundation beca	ause it is: (For lines 1 through 1	2 obook o	object to	s is lie part.) See instructi	ons.			
1	A church, a	convention of churches, or a	3880ciation of churches decode	od in coast	піў опе вох	(.)				
2	The state of the s									
3	A nospital (or a cooperative hospital se	Wice organization deported to			· · · · · · · · · · · · · · · · · · ·				
4	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in confunction with a hospital 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,									
5	An organiza	ation operated for the benef	ilt of a college or university own							
	section 17	0(b)(1)(A)(iv). (Complete P	art II \	ied of ober	ated by a g	overnmental unit described in				
6	💹 A federal, s	tate, or local government o	r governmental unit described i	2 22 miles	170/5/45/4					
7	Est un organiza	tuon mat normally receives	A Stibstantial part of its outpoor	Hanner of the	1 / U(D)(1)(A	.)(V).				
					vernmental	unit or from the general publi	С			
- 8	💹 A communi	ty trust described in section	n 170(b)(1)(A)(vi) (Complete E	Part II \						
9	An agricult	ifal feseaich organization d	peer had in cooling 470/4444	B 1 //	اسمم ما امماد	consult to the				
	or university	or a non-land-grant colleg	e of agriculture (see instruction	nχικ) υρθα s). Enter th	aleu in conj e neme ok	unction with a land-grant colle	ege .			
10	∐ An organiza	ition that normally receives	(1) more than 33 1/3% of its su	pport from	contributio	ns membership food and an				
	receipts from	m activities related to its ex	ampt functions, subject to certa	in exceptio	ns; and (2)	no, membership lees, allo gr no more than 33 1/3% of its	089			
	acquired by	it gross investment income	and unrelated business taxable 30, 1975, See postion 500(5)	∍ income (l	ess section	511 tax) from businesses				
-11										
12	An organiza	tion organized and operate	d exclusively-to-test-for-public-s	afety-See	section 50	9(a)(4).———————————————————————————————————				
	-one-or-more	-publiciv-supported-organiz	d exclusively for the benefit of, ations described in section 500 escribes the type of supporting	to perform	the function	ns_of,_or_to_carry_out-the-purpe	9898-of			
	the box on l	nes 12a through 12d that d	escribes the type of supporting	b(a)(-i-)-9i-s Lorganizati	ection-509	(a)(2). See section 509(a)(3)	Check			
	- Li 1300 iii	A SANDALINI OLUMINISHI DA C	lastera an bookball & netrial	_ a L., 14			•			
					ribboued of	rganization(s), typically by giv	ing			
	D I ype II.	A Supporting organization s	supervised or controlled to		ite eumnor	tod graphtadlas/-1 by bad				
				e same pe	sons that o	ieu organization(s), by naving	 			
	C [Type iii	functionally integrated. A	supporting organization operationstructions). You must complete	ted in conn	ection with.	and functionally integrated a	dth			
	d Type III	orteu organization(s) (sea ji	structions). You must comple	te Part IV,	Sections.	A, D, and E.	nu 1,			
	that is no	nt functionally integrated. Ti	ed. A supporting organization o	perated in	connection	with its supported organization	on(s)			
	regulrem	ent (see Instructions). Vou	he organization generally must must complete Part IV, Secti	satisfy a di	stribution r	equirement and an attentiven	ess			
	functions	ally integrated, or Type n	celved a written determination on-functionally integrated supp	from the IF	RS that It is	a Type !, Type II, Type !!!				
	i Etiret (ue un	mper of supported organiza	tions	orang orga	mzauon.					
	g Provide the t	ollowing information about	the supported organization(s).		• • • • • • • • • • • • • • • • • • • •	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(i)	Name of supported	(fi) EIN	(iii) Type of organization	(b) to the	organization					
	organization		(described on lines 1–10	listed in vo	ur governing	(v) Amount of monatary support (see	(vi) Amount of			
			aboye (see instructions))		iment?	Instructions)	other support (see Instructions)			
				Yes	No	,	n lattrioficials)			
(A)						<u></u>				
(D)										
(B)										
(0)	,			_[_						
(C)						<u> </u>				

. (D)				<u> </u>						
(E)	İ				 					
]	;				
Total				H EXHLUSION						
	· -		flons for Form 990 or 990-EZ.	THE PERSON NAMED IN	Control of the second					

Schedule A (Form 990) 2023

The Washington County School
Support Schedule for Organizations Described in Section 509(a)(2) Schedule A (Form 990) 2023
Part III Support

	(Complete only if you che If the organization fails to	cked the box	on line 10 of Pa	art I or if the org	janization faile	to qualify unde	r Part II.
Sec	If the organization fails to ction A. Public Support	quality under	me tests listed	below, please	complete Part I	1.)	_
Cale	ndar year (or fiscal year beginning in)	(a) 2019	#1.0000				
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 ilnes 1 through 5				 		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				 		
t) C	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	Experience de la company	4 (1997) A (ÚM) (BOLÚÁS POR) LA SA				
•	line 6.)						
Sec	line 6.) tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(=) 5004			
9	Amounts from line 6	(4) 2010	(D) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
l0a	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						
¢	Add lines 10a and 10b		· · · · · · · · · · · · · · · · · · ·				
1	Net income from unrelated business activities not included on 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 V!.)	· · · · · · · · · · · · · · · · · · ·					
	Total support. (Add lines 9, 10c, 11,			, , ,,,,,			
4	end 12.) First 5 years, if the Form 990 is for the organization check this have and stop here	anization's first, s	econd, third, fourt	ı, or fifth tax vear	as a section 501/o)(3)	
	- Seement chook also pox and stob 11619					*1***	
5 5	ion C. Computation of Public Sup	Doit Percent	ana				discours L
5 6	Public support percentage for 2023 (line 8, o	olumn (f), divide	d by line 13, colun	nn (f))		15	%
						16	%
r Bili	Investment income percentage for 2023 (line	€ 10c, column (f)	, divided by line 13	ኒ column (f))	******	17	%
							%
r ta	33 1/3% support tests — 2023. If the organ	iization did not cl	neck the box on IIr	e 14, and line 15 i	s more than 33 1/3		
b	33 1/3% support tests — 2022. If the organ	and stop nere. Ization did not et	l he organization d	ualifies as a public	oly supported orga	nization	
	The restriction individual of the control of the co	uux arai sinn ne	IFO I DO OFFICIONE		P 11 i		
	Private foundation. If the organization did r	ot check a box o	n line 14, 19a, or	on quames as a p 19b, check this bo	upiloly supported (x and see Instructi	organization ons	
							111.11.11.11.11.11.11.11.11.11.11.11.11

Schedule A (Form 990) 2028
Part V Support 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.) plete Part V.)

Continue A, D, and L, ii you checked box 12	49, Mart I. Complete Sections A and D. and com
Section A. All Supporting Organizations	Taring of a section of and both
Occion A. An Supporting Organizations	

-	Ave all against the second sec		Yes	No
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.	1	4.4.4.6.35.3.735	A INTO ESTORAGE
2	Did the organization have any supported organization that does not have an IRS determination of status		sili with	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2),	2		Armineticizanto
3a	Did the organization have a supported organization described in section 501(a)(4), (5), or (6)? If "Yes," answer	SEA STORAGE		
	ines op and 3c below.	За	searce in externi	III.20sonma
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		Miki Kraje	
	satisfied the public support tests, under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b	202001311111271	errait distait
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			in and the state of
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	XXXXIIII XXXII	uni sagningog
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.	4a	MANIAN E	
Þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		nii sen	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by ar in cannection with its supported croanizations.	4b	neand-oth	
С	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	411	and and a second second second second second second second second second second second second second second se	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	40		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70 Cale	CHI HELLE	
	answer lines 5b and 5c below (If applicable). Also, provide detail in Part VI, including (I) the names and FIN			
	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).	5a	truckture	North Hills
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- Ja		i elementa
	designated in the organization's organizing document?	5b	1516191617.53	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		,
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (I) its supported organizations, (II) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		STANFASS
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		Harring on S
	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	8	an in the second	entana e
	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	9a	Marina (Co	niis elemen
	the supporting organization had an interest? If "Yes," provide detail in Part VI.			
Ç	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	9b	gasa latan ng	w-street corp
	from, assets in which the supporting organization also had an interest? <i>if "Yes," provide detail in Part VI.</i>	######################################		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	9c	, march 14	or marchanica
-	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	10a	remains a	
	determine whether the organization had excess business holdings.)			
	THE THE PARTICULAR OF THE PART	10b		
		Schedule A	(Form §	90) 2023

3b

	The Washington County Scho	01	97 0420	E00
	Type in Norr-Functionally integrated 509(a)(3) Supporting Out		87-0439	1000
1	The rest like organization satisfied the Integral Part Test as a qualifying trust on the	J 00	1070 /	
	instructions. All other Type III non-functionally integrated supporting organizations m	ust con	niete Sections A through F	see
Sec	tion A - Adjusted Net Income	ust con	200 CANADA CANADA	
		(A) Prior Year	(B) Current Year	
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	atter gross modifie (see instructions)	3		
4	Tida mile i milegii o.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection	1		
	of gross income or for management, conservation, or maintenance of	1		
	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		
Sec	tion B Minimum Asset Amount			/P) 0
			(A) Prior Year	(B) Current Year
1	Aggregate fair market value of all non-exempt-use assets (see			(optional)
	instructions for short tax year or assets held for part of year);		A CONTROL OF THE PROPERTY OF T	A STATE OF THE PROPERTY OF THE
	Average monthly value of securitles	1a	THE NAME OF STREET OF STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	A STATE OF THE PROPERTY OF THE
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors	- iu	The same of the sa	505 mm.
	(explain in detail in Part VI):	511 (vivions)		
2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	3		
	see Instructions).			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	4		
6	Multiply line 5 by 0.035.	5		
7	Recoveries of prior-year distributions	6		
8	Minimum Asset Amount (add line 7 to line 6)	7 8		
Secti	on C — Distributable Amount	8	and the man and the same of th	
	on o Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1-2-3	The second state of the se	
2	Enter 0.85 of line 1.	1		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	2		
4	Enter greater of line 2 or line 3.	3	###	
5	Income tax imposed in prior year	4		
6	Distributable Amount, Subtract line 5 from line 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 integrated (see instructions)	6		
	(see instructions)	Type II	supporting organization	

Schedule A (Form 990) 2023

	ula A (Form 990) 2023 The Washington Co	unty School	87-04	39	582 Page 7
	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		1 490 /
Sect	tion D - Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpo	0808		1	<u> </u>
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		- -	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations	· · · · · · · · · · · · · · · · · · ·	3	, , , , , , , , , , , , , , , , , , ,
4	Amounts paid to acquire exempt-use assets			4	
<u> </u>	Qualified set-aside amounts (prior IRS approval required—provide dea	5			
6	Other distributions (describe in Part VI). See Instructions,	8			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organizations	8	····		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10	· · · · · · · · · · · · · · · · · · ·		
Section E Distribution Allocations (see instructions) (i) (ii) Excess Distributions Underdistribution Pre-2023					(iii) Distributable Amount for 2029
1	Distributable amount for 2023 from Section C, line 6				Allount for 2020
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See Instructions.				
3	Excess distributions carryover, if any, to 2023			enes	
. a	From 2018				
b	From 2019			52 (1)* 24 (1)*	
C	From-2020			Mile.	
d	From 2021				
е	From 2022				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years		1900 1900 1900 1900 1900 1900 1900 1900	idiyed; e	
<u>h</u>	Applied to 2023 distributable amount				
!_	Carryover from 2018 not applied (see instructions)				
	Remainder, Subtract lines 3g, 3h, and 3l from line 3f,				
4	Distributions for 2023 from				
	Section D, line 7:				
	Applied to underdistributions of prior years Applied to 2023 distributable amount				
5	Remainder, Subtract lines 4a and 4b from line 4.				
•	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h			filled cross	
۳	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See Instructions.				
7	Excess distributions carryover to 2024, Add lines 3				*****
-	and 40.				
8	Breakdown of line 7:				
	Excess from 2019			enedig Lunne	
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023			e (Market)	

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization	Garage G. 1	Employer identification number
District Found	n County School Nation	
Organization type (check one	s):	87-0439582
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	3
Chook if your overshall at the		
Note: Only a section 501/c)(7)	overed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rul	
instructions.	(1) The General Rule and a Special Rule	e. See
General-Rule		= 8 8
For an organization fillr or more (in money or p contributor's total contr	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$6 roperty) from any one contributor. Complete Parts I and II. See instructions for determinations.	5,000 ning a
Special Rules		
1 6b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test ons 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) \$5,00 n (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	3 16a or
literary, or educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ente ead of the contributor name and address), II, and III.	Ific
contributions totaled moduring the year for an e	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an rear, 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 receively religious, charitable, etc., purpose. Don't complete any of the parts unless the organization because it received nonexclusively religious, charitable, etc., contributions the year	nived ne
Caution: An organization that is nust answer "No" on Part IV, Ili	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forne 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).	000)
or Paperwork Reduction Act No	tice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)

Name of orga	2011 990) (2023)		2 1 of 1 Page 2
The Wa	ashington County School	87	ployer Identification number - 0439582
Patri	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 102,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
2		\$ 79,253	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			PersonX
		\$ <u>75,000</u>	Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$60,000	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
. 5		\$ 102,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 6		\$1,229,414	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page 1 of 1 Name of organization Employer identification number The Washington County School 87-0439582 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) Residential Lot . 5.... \$ 102,000 12/20/23 (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Partl Date received (See Instructions.) Supplies 6... \$ 1,229,414 .07/12/23 (a) No. (c) from (d) Description of noncash preperty given FMV (or estimate) Part Date-received-(See Instructions.)-\$ (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part! Date received (See instructions.) \$ _____ (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Parti Date received (See Instructions.) \$ (a) No. (c) (b) from FMV (or estimate) (d) Description of noncash property given Part! Date received (See instructions.)

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2023

Open to Public Inspection OMB No. 1545-0047

Employer identification number 87-0439582 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantpes' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Horm 990, Part IV, line 21 or 22. Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. The Washington County School General Information on Grants and Assistance District Foundation

No Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance X Yes (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) 1,517,707 indneash assistance (e) Amount of 1,100,834 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) Amount of cash grani (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? 87-6000531 GOV 87-6000531 GOV (b) EIN 121 W Tabernacle St UT 84770 Washington. 121 W Tabernacie St UT 84770 (1) Washington County School District (2) Washington County School District (a) Name and address of organization ог доvеппел St George 9 **4** 3 9 \mathbb{S} 8 9

Schedule I (Form 990) 2023

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 900 Part IV line 22	o Domestic Individua	ils. Complete if the o	rganization answ	ared "Yes" on Form 990 Part	N line 22
Part III can be duplicated if additional space is needed.	onal space is needed.		<u> </u>	100 out out out	IV; III 6 22.
(a) 1 ype ui grant of assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV annaisal other)	(f) Description of noncash assistance
1 Scholarship	100	71,363		 	
2					
89					
4					
ū		701			
9					
Rate Man Supplemental Information. Provide the information		required in Part I, line 2; Part III	Part III, column	, column (b); and any other additional information	formation
!					,
					Schedule I (Form 990) 2023
		_			

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2023

Open To Public inspection
Emplayer identification number

District Foundation 87-0439582 Types of Property (a) (c) (d) Noncash contribution Check if Number of contributions or Method of determining no behager sinuoma appiloable frems contributed Form 990, Part Vill, line 1g noncesh contribution amounts Art — Works of art 1 Art---Historical treasures 2 Art — Fractional Interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities -- Publicly traded 9 Securities — Closely held stock ... 10 Securities - Partnership, LLC, 11 or trust Interests Securities - Miscellaneous 12 13 Qualified conservation contribution-Historicstructures Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate - Other 17 X 102,000 Collectibles 18 Food Inventory 19 Drugs and medical supplies 20 Taxidemny 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Other (_____) 25 Х 2 1,415,707 26 Other (_____) 27 Olher (_____) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement During the year, did the organization receive by contribution any property reported in Part I, lines 1 through Yes No 28, that it must hold for at least 3 years from the date of the initial contribution, and which Isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance polloy that requires the review of any nonstandard 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncesh 31 Х contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Scriedine M. (Lo	uu aan) 5053 J. D.G	Washingto	on County	School	8	7-0439582	Page 2
# R antilli	the organization	Information. P	rovide the info Part I. column	rmation require	ed by Part I,	lines 30b, 32b, a	Page to and 33, and whether ar of items received,
	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		3 414	antional inion	TIGUIOTE.	
* * * * * * * * * * * * * * * * * * * *		************************	*****************	******************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******************************
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************	*************	***************	*************************	
I	********************	******************	***************	· · · · · · · · · · · · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································
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. 4 . 4 . 4	******************	****************	******************	*******************	•••••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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1 **************	******************	****************	****************		• • • • • • • • • • • • • • • • • • • •	******************	
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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.

y additional information,

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

The Washington County School

Open to Public Inspection

District Foundation	87-0439582
Form 990, Part III, Line 4d - All Other Accomplishments	
The organization has made significant contributions to s	student support by
donating materials, food, and supplies. These noncash co	ontributions play a
crucial role in enhancing the educational experience for	students.
	,
Form 990, Part VI, Line 11b - Organization's Process to	
Complete electronic or physical copies of the final Form	
required schedules) are provided to the organization's o	
and board members for their review and input. Board members	
business days to review the Form 990, unless a shorter i	· · · · · · · · · · · · · · · · · · ·
necessary to meet filing deadlines. The board has author	
of the Foundation to sign and file the return following	the review.
Form 990, Part VI, Line 12c - Enforcement of Conflicts 1	Policy
At the boards annual retreat held early in the year, the	board discusses
any potential conflicts of interest. Any specific confl	icts are discussed
and noted.	
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Form 990, Part VI, Line 19 - Governing Documents Disclos	sure Explanation
Copies of governing documents, polices, and financial re	
file and are available to the public upon request.	