4000 11/00/2022 11.00 AIVI 990

Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. beginning 07/01/21 and ending 06/30/22

A	For th	e 2021 c	alendar year, or tax year beginning $07/01/21$, and ending $06/30$			
В	Check if a	applicable:	C Name of organization The Washington County School	(C)	Employer	identification number
	Address o	change	District Foundation			
\exists	Name cha	anne	Doing business as		87-04	439582
\equiv			Number and street (or P.O. box if mail is not delivered to street address)		Telephone	
_	Initial retu		121 West Tabernacle Street City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	435-	673-3553
	Final retu terminate					
	Amended	return	St. George UT 84770	G	Gross rece	eipts\$ 1,224,129
=			F Name and address of principal officer:	H(a) Is this a group	return for su	ubordinates? Yes X No
	Applicatio	on pending	Steven Dunham			<u> </u>
			121 W Tabernacle St	H(b) Are all subord		
			St George UT 84770	If "No," at	tach a list.	See instructions
1	Tax-exer	mpt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website	: ▶ W	ww.foundation.washk12.org	H(c) Group exemp	tion numbe	r >
K	Form of o	organization:	: X Corporation Trust Association Other ▶ L	Year of formation:		M State of legal domicile: UT
P	art I	Sı	ummary			
	1	Briefly de	escribe the organization's mission or most significant activities:			
ω		To s	serve the schools and each student of Washington C	County		
Activities & Governance				.T.TTT F.4		
rna		• • • • • • •				*******************
)Ve	2 /	Chook th	is box ▶ if the organization discontinued its operations or disposed of more than	OE9/ of its not specif		
ၓ			and the state of t		1 1	1.0
ŏ			of voting members of the governing body (Part VI, line 1a)		3	10
ties	4 1	Number	of independent voting members of the governing body (Part VI, line 1b)			10
Ξ			mber of individuals employed in calendar year 2021 (Part V, line 2a)		5	0
Act			mber of volunteers (estimate if necessary)	* * * * * * * * * * * * * * * * * * * *	6	60
	7a -	Total unr	related business revenue from Part VIII, column (C), line 12		7a	0
	b l	Net unre	lated business taxable income from Form 990-T, Part I, line 11		7b	0
				Prior Year		Current Year
<u>o</u>	8 (Contribut	tions and grants (Part VIII, line 1h)	1,542	, 355	1,224,129
nue	9 1	Program	service revenue (Part VIII, line 2g)			0
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	20	,900	0
Œ	11 (Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	10 2000 10		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	The state of the s	, 255	1,224,129
			nd similar amounts paid (Part IX, column (A), lines 1-3)		-	0
	0.000		poid to as far mambara (Part IV, solumn (A), line 4)			0
"			other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
penses			and fundraising food (Part IV, column (A), line 11a)			
en			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Salayer I	0
EXT			draising expenses (Part IX, column (D), line 25) ► 0	1 264	100	1 100 000
-	17 (Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,364		1,189,087
			penses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,189,087
- "		Revenue	less expenses. Subtract line 18 from line 12		,073	35,042
Net Assets or Fund Balances		T.4.	Carlo (Part V. line 10)	Beginning of Curre		End of Year
Sset	20		sets (Part X, line 16)	2,074		2,109,732
et A	21		ilities (Part X, line 26)		0	0
20000-0-	editoria trees de		ets or fund balances. Subtract line 21 from line 20	2,074	,690	2,109,732
P	art II	Si	gnature Block			
			perjury, I declare that I have examined this return, including accompanying schedules and state			nowledge and belief, it is
tru	ue, corre	ect, and c	complete. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge.		
		N _				
Sig	ın	5	Signature of officer		Date	
He		L	Steven Dunham Dire	ector		
		7	Type or print name and title			
		Print/Tvp	preparer's name Preparer's signature	Date	Check	if PTIN
Pai	d		(At)	0.0000000000000000000000000000000000000	300000000	
	parer		ey Seegmiller Stanley Seegmiller	11/09/:		
	Only	Firm's na		Firr	n's EIN 🕨	87-0637407
USE	. Only	1	20 N Main St Ste 402			
		Firm's ad		Pho	one no.	435-673-6195
May	the IF	RS discus	ss this return with the preparer shown above? See instructions			X Yes No

	1990 (2021) The Washington County School 87-0439582	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	To Serve the Schools and each student of Washington County.	
	1,	
2	Did the organization undertake any significant program services during the year which were not listed on the	····
		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	les A No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
-	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	103 21 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,116,392 including grants of \$) (Revenue \$)
E	ducational Program Payments are made to each school in the Wash	ington
C	County School District. In this way, each student in the School	District is
b	samafitad	
	· · · · · · · · · · · · · · · · · · ·	
41-	/O-d	
4D	(Code:)(Expenses \$ 39,351 including grants of \$) (Revenue \$ cholarships are awarded and paid on behalf of successful studen)
Ö	cholarships are awarded and paid on behalf of successful studen	its from
W	Washington County High Schools.	
	<u> </u>	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

4c	(Code:)(Expenses \$ 26,204 including grants of \$) (Revenue \$ Payments are made on behalf of students from each high school in)
P	ayments are made on behalf of students from each high school in	Washington
С	County who receive Sterling Scholar Awards.	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	***************************************	*****************

	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
4rl	Other program services (Describe on Schedule O.)	
, 44	(Expenses \$ including grants of \$) (Revenue \$	1
A _P	Total program service expenses ► 1,181,947	
-7C	T, TOT, 54/	

Part IV

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A 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 3 candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 10 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Χ 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? 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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Χ Did the organization report on Part iX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	the organization act as an on behalf of issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	ļ		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III			37
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		X
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			7
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			50 - 1000 to 100
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	_36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		X
30	19? Note: All Form 990 filers are required to complete Schedule O.	١	3.5	
Ps	int V Statements Regarding Other IRS Filings and Tax Compliance	38	_ X_	Щ_
ma.s.	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Concedit C Contains a response of note to any line in this Fait V			<u> </u>
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		X
		1 10		

Page **5**

Pe	irt V Statements Regarding Other IRS Filings and Tax Compliance (contin	<u>rued)</u>			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b		<u>L</u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	15.			46236	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year? \dots			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ΘO		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	al acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	, , , , , , , ,	*!!***!!!!**!!!!***			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	,	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ions or				
	gifts 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 partly as a contribution and partly for	goods		E-172000	Marian.	10.100 may 10.00
	and services provided to the payor?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as				
	required to file Form 8282?		,	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				100000
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	et?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	******************	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by t	he	\$1120° 00°		
	sponsoring organization have excess business holdings at any time during the year?			8	<u></u> .	
9	Sponsoring organizations maintaining donor advised funds.			Edd-Hall		
а			7171818787871814811555555	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		200 - 100 -		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1	200		
а	Gross income from members or shareholders	11a		2		(37. 11.00)
b	Gross income from other sources. (Do not net amounts due or paid to other sources				11.01.00.00.00	
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	m 104	l?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			27. 32.77		
а				13a		
	Note: See the Instructions for additional information the organization must report on Schedule O.					3700000
b	Enter the amount of reserves the organization is required to maintain by the states in which	,	1			
	the organization is licensed to issue qualified health plans		 			
C	Enter the amount of reserves on hand	13c		100000		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eratior	or			1
	excess parachute payment(s) during the year?	. , . ,		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				74400	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.				1,000,000	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage is					1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? \dots			17		,
	If "Yes," complete Form 6069.				1.750 P.F.	

Form 990 (2021) The Washington County School 87-0439582 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Νo Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent b 10 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 Х 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? X 8a Each committee with authority to act on behalf of the governing body? 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 ... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affillates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records > 20 Steven Dunham 121 West Tabernacle

St George

Form 990 (2021)	The	Washington	County	School
-01111 990 (2021)	1110	Mapritiment	COurre	PCTION

87-0439582

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title			x, unle icer a	Pos check ass pe nd a d	rson lirecto	than o s both r/truste	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Jamie Bahlmann	1 00									
Board_Member	1.00	х						0	0	
(2) Larry Bergeson	1 00									
Board Member	1.00	x						0	0	o
(3) Lanse Chournos									<u> </u>	<u> </u>
Board Member	1.00	х						0	0	0
(4) Chris Jones										
Board Member	1.00	X						0	0	0
(5) Chani Reeve										
Board Member	1.00	Х						0	0	0
(6) Rich Schofield	1 00									
Board Member	1.00 0.00	х						0	0	0
(7) David Stirland	1.00									
Board Member	0.00	x						0	0	0
(8) Clay Denos	6 00									
Board Chair	2.00			x				0	o	0
(9) Steven Dunham										
Director	40.00			х				0	0	0
(10)Diane Tyler	F 00									
Secretary	5.00			х				0	О	0
(11)										

(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the from the organization and related organizations
								<u> </u>		
to a large reportable compensation from the	eets to Part VII, s	Section 1	ion A	4		 <u></u>	▶	re) who received more than	\$100,000 of	
 3 Did the organization list any employee on line 1a? If "Yes 4 For any individual listed on li organization and related organization and related organization and person listed on line 5 Did any person listed on line 	," complete Scheine 1a, is the sum anizations greater	dule of re thar 	J for port 1 \$15	suc able 50,00 	con con 00?	dividi npen: If "Ye n froi	al satio s," (on and other compensation complete Schedule J for su ny unrelated organization o	from the	3 X 4 X
for services rendered to the of Section B. Independent Contract		'es,"	con	plet	e Sc	hedu	ile J	for such person		5 X
Complete this table for your compensation from the organ	nization. Report c	ensa omp	ited ensa	inde ition	pend for t	dent o	cont alen	dar year ending with or with	nin the organization's tax y	ear.
Name ar	(A) nd business address							Descrip	(B) otion of services	(C) Compensation
					-					
 										
2 Total number of independent	contractors (included of compensation	uding	g but	not	limit	ed to	the	se listed above) who		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or exempt (C) (D) Revenue excluded Unrelated function revenue from tax under business revenue sections 512-514 1a Federated campaigns **b** Membership dues 1b c Fundralsing events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,224,129 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 1,224,129 Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6b **b** Less: rental expenses c Rental inc. or (loss) 6c Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventory Other Revenue b Less; cost or other basis and sales exps. c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory \mathbf{r} ellaneous venue **Business Code** d All other revenue Total. Add lines 11a-11d. Total revenue. See instructions 1,224,129

Part IX Statement of Functional Expenses

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 (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroli taxes 10 Fees for services (nonemployees): Management Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 13 Office expenses 5,264 3,337 1,927 Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Educational Program Pmts 1,106,084 1,106,084 Scholarships 39,351 39,351 Sterling Scholars 26,204 26,204 10,997 Supplies 6,971 4,026 $1, \overline{187}$ e All other expenses <u>1,</u>187 1,189,087 Total functional expenses. Add lines 1 through 24e 1,181,947 7,140 0 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (B) Beginning of year End of year Cash—non-interest-bearing 1 2 Savings and temporary cash investments 2,074,690 2 2,109,732 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 2,074,690 2,109,732 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 ... 26 Organizations that follow FASB ASC 958, check here | X Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 229,815 27 27 <u>235</u>,906 Net assets with donor restrictions 1,844,875 1,873,826 28 Net Assets or Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 2,074,690 32 2,109,732 32

Total liabilities and net assets/fund balances

2,109,732 Form **990** (2021)

2,074,690

	1990 (2021) The Washington County School 87-0439582			Pε	ge 12
Pa	irt XI Reconciliation of Net Assets				
	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)	1		224,	129
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	189,	087
3	Revenue less expenses. Subtract line 2 from line 1	3			042
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	074,	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2.	109,	732
Pa	irt XII Financial Statements and Reporting	1 19 1		<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	Check if Schedule O contains a response or note to any line in this Part XII				
		<u></u> ,		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		aŭ e		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			25.	
	Schedule O.		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• • • • • • • • • •			12
	reviewed on a separate basis, consolidated basis, or both:		200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		in the second		
b	Were the organization's financial statements audited by an independent accountant?		21		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis 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 oversight of		F. S. 19132	As Herman	
Ī	the audit, review, or compilation of its financial statements and selection of an independent accountant?			_	
	If the organization changed either its oversight process or selection process during the tax year, explain on	• • • • • • • • • • • • • • • • • • • •	20	<u>:</u>	
	Schedule O.		2000		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		10.000	Tanih	
Ju	Single Audit Act and OMP Circular A 1999		_		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3 <u>3</u>	1	
.,					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	· · · · · · · · · · · · · · · · · · ·			
			ŗ	Form 99 0	U (2021)

SCHEDULE A (Form 990)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

The Washington County School District Foundation

Employer identification number 87-0439582 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 9 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 of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V, Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Schedule A (Form 990) 2021 Part II

	tion A. Public Support		- "				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	632,361	699,229	756,989	1,542,355	1,224,129	4,855,063
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	632,361	699,229	756,989	1,542,355	1,224,129	4,855,063
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					The state of the s	4,855,063
Sec	tion B. Total Support						2,000,000
Cale	ndar year (or fiscal year beginning in) 🔻 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	632,361	699,229	756,989	1,542,355	1,224,129	4,855,063
8	Gross Income from Interest, dividends, payments received on securities loans, rents, royalties, and Income from similar sources	22,893	28,166	30,105			102,064
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	A CONTRACTOR OF THE PROPERTY O	And Table 1999 Property of the Walls of the Control		The second secon		4,957,127
12	Gross receipts from related activities, etc	c. (see instructions)				12	
13	First 5 years. If the Form 990 is for the	organization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c))(3)	
	organization, check this box and stop he		<u> </u>	<u> </u>	<u> </u>	·	▶ □
Sec	tion C. Computation of Public S	Support Percent	tage			-	
14	Public support percentage for 2021 (line	6, column (f) divided	l by line 11, colum	n (f))		14	97.94%
15	Public support percentage from 2020 Sc	hedule A, Part II, line	e 14			15	97,29%
16a	33 1/3% support test—2021. If the orga	ınization did not ched	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	heck this	
	box and stop here. The organization qua						▶ X
b	33 1/3% support test—2020. If the orga	nization did not chec	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or me	ore, check	
	this box and stop here. The organization	າ qualifies as a public	oly supported orga	nization			▶ 🗍
17a	10%-racts-and-circumstances test—20	J21. If the organization	on did not check a	box on line 13, 16	8a, or 16b, and line	14 is	
	10% or more, and if the organization me						•
	Part VI how the organization meets the forganization	• • • • • • • • • • • • • • • • • • • •					▶ □
b	10%-facts-and-circumstances test—20	320. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, an	d line	
	15 is 10% or more, and if the organization	n meets the facts-ar	nd-circumstances t	test, check this bo	x and stop here. E	Explain	
	in Part VI how the organization meets the organization				- · ·	-	.
18	Private foundation. If the organization of instructions	lid not check a box o	n line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	9	

Schedule A (Form 990) 2021 Part III

The Washington County School Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support	1	ino tooto notog p	roion, prodec o	ompioto i art ii		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership lees received. (Do not include any "unusual grants.")					(=) ====	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			-			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	:		"			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	Name to the State of the State	4 (* 145. H. 165) a. C. 1990 (1971) a. T. L. 165. a. T. 167.				
8	Public support. (Subtract line 7c from		mp. T. M. M. G. M. W.				
Sec	line 6.) ction B. Total Support	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2017	(h) 0010	(-) 0040	(1) 0000		T
9	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
						<u> </u>	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First 5 years. If the Form 990 is for the or	nonizationia final		POL 5			
17	organization, check this box and stop her				•	• • •	
Sec	tion C. Computation of Public Su		tage	<u> </u>			
15	Public support percentage for 2021 (line 8	column (f) divide	ed by line 13, colum	n (f))		l ac	T
16	Public support percentage from 2020 School	, dolum (1), dividi edule A. Part III. li	sa by iine 15, colun ne 15	"' ('))	****************	15	%
	tion D. Computation of Investme	nt Income Pe	rcentage	<u></u>	************	16	%
17	Investment income percentage for 2021 (li	ine 10c. column (f), divided by line 13	column (fi)	···	17	
	Investment income percentage from 2020 5	Schedule A. Part I					%
9a	33 1/3% support tests—2021. If the orga			14, and line 15 is	more than 33 1/3	<u>18</u> % and line	<u>%</u>
	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization of	ualifies as a nubli	cly supported area	nization	▶ □
b	33 1/3% support tests—2020. If the orga	nization did not ch	eck a box on line 1	4 or line 19a. and	line 16 is more the	an 33 1/3% and	
	line 18 is not more than 33 1/3%, check th	is box and <mark>stop h</mark>	ere. The organizati	on qualifies as a p	publicly supported	organization	▶ □
20	Private foundation. If the organization did	l not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	lons	

Schedule A (Form 990) 2021 Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

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The state of the s	Yes	No
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	## 3		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	Marine		·VERGET.	
b	A	_		
				Tegranian isa
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		10000	
01	provide detail in Part VI,	С]	
Secu	on B. Type I Supporting Organizations			
			Yes	Nο
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			1.22
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1744		
2	Did the organization operate for the benefit of any supported organization other than the supported	ene ii	ASTAR ENA	Charleson
_				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
24	supervised, or controlled the supporting organization.			
secu	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			30.100.131.1311.141
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1 43	- 140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
			7-17-12-1	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on 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		V-00' - 155 - 15	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction			
2	Activities Test. Answer lines 2a and 2b below.	ns). T	[
	<u></u>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
] [areae e e e
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	ا اکار از ا	r leja Franci	ny angres c
	- 100 mm - 1			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	a	. W. 7 . T	0.12
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3		

2 1 21 HMANA 99	ule A (Form 990) 2021 The Washington County Schoo	1	87-0439	582 Page 6
Pai	The state of the s	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ον. 20,	1970 (<i>өхр</i> lain in Part VI). S	See
	instructions. All other Type III non-functionally integrated supporting organizations mu	st com	olete Sections A through E	
Sect	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
. 8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		Hard Control of the C	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	2.7.37.37	Appendix a security and a security a	
	(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,			<u> </u>
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	Mercelland Committee (Income). Office	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	Personal Control of the Control of t	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		7	
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated		supporting organization	
	(see instructions).	۱۱ د او		

V	le A (Form 990) 2021 The Washington Co		87-0439	582 Page 7
Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	ion D – Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purported	ses		
2	Amounts pald to perform activity that directly furthers exempt purposes	s of supported		
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details)	ails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.	<u></u>		
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		210	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6	The second secon		-
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021	20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The state of the s
	From 2016	27	TOTAL CONTRACTOR OF THE STREET	The state of the s
	From 2017		**************************************	
	From 2018	2	graphic and the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d	From 2019	# 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		is all appropriate the second of the second
	From 2020		100 March 100 Ma	The state of the s
	Total of lines 3a through 3e			The state of the s
g	Applied to underdistributions of prior years	A STATE OF THE STA		
h	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)		A CONTROL OF THE CONT	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from	The second secon		TANA CAMPANIAN AND AND AND AND AND AND AND AND AND A
	Section D, line 7: \$	4		
a	Applied to underdistributions of prior years	A Company of the Comp		
b	Applied to 2021 distributable amount	by the strategy of the strateg	TANADA TA	
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.	W		A CONTROL OF THE CONT
5	Remaining underdistributions for years prior to 2021, if	A STATE OF THE STA	·	And the second s
	any. Subtract lines 3g and 4a from line 2. For result	The state of the s		The state of the s
	greater than zero, explain in Part VI. See instructions.	James II and the state of the s	pressyppital plant in section, that are, a meaning in the contract of the cont	The state of the s
6	Remaining underdistributions for 2021 Subtract lines 3h	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOTAL CONTROL OF THE PROPERTY	
	and 4b from line 1. For result greater than zero, explain in	PARTITION OF THE PARTIT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Part VI. See instructions.	The state of the s	200 A 100 A	ALTERNATION AND A STATE OF THE
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017		Control of Control of Superior Superior Superior	
b	Excess from 2018			
c	Excess from 2019	N. B. Colly Coll. Coll. Sec. 1 (1985)		YELASANIN SANITANIN SANITANIN
d	Excess from 2020			
	Evenes from 2021		REAL BASIS RAPING INVESTMENT WAS	

Schedule A (Forr	n 990) 2021	The Wasl	<u>nington</u>	County	School	87-043:	9582	Page 8
Part VI	III, line 12; Part IV B, lines 1 and 2; I 3a, and 3b; Part V	formation. Prov /, Section A, line Part IV, Section √ /, line 1; Part V,	vide the expla s 1, 2, 3b, 3d C, line 1; Par Section B, li	anations rec c, 4b, 4c, 5a rt IV, Section ne 1e; Part \	uired by Part , 6, 9a, 9b, 9c n D, lines 2 an V, Section D, l	ll, line 10; Part II, line , 11a, 11b, and 11c; d 3; Part IV, Section ines 5, 6, and 8; and (See instructions.)	e 17a or 17b; P Part IV, Sectio E, lines 1c, 2a	art n , 2b,
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Schedule B (Form 990) (2021)

Employer identification number

2021

The Washington County School District Foundation 87-0439582 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) 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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization The Washington County School Page 1 of 2 Page Employer identification number

87-0439582

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	Dixie Power Kite Festival 71 E Hwy 56, HC76, Box 95 Beryl UT 84714	\$ 85,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Ironman Foundation 3407 W Dr. Martin Luther King Jr Blv Tampa FL 33607	\$ 44,760	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
3	PayPal PO Box 45950 Omaha NE 68145	\$ 26,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No</u> .	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Deseret Trust Company PO Box 11558 Salt Lake City UT 84147	\$ 100,391	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	Raymond James Charitable PO Box 23559 St Petersburg FL 33742	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 6	Paparazzi, LLC 4771 South Desert Color Parkway St George UT 84790	\$ 36,270	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Page 2 of 2

age 2

Schedule B (Form 990) (2021) Name of organization

The Washington County School

Employer identification number 87-0439582

Panı	Contributors (see instructions). Ose duplicate copies of Pa	art i it additional space is nee	eaea.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
. 7	Sunflower Foundation 113 East 200 North Ste 5 St George UT 84770	\$ 25,000	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		
. 8	Tan's Treats 1392 E Ridge St Unit A Washington UT 84780	\$ 74,698	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
. 9	Neighborhood Connection PO Box 140 Santa Clara UT 84765	\$ 88,800	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10.	Assistance League of Southern Utah 2855 S 3100 E St George UT 84790	\$ 82,501	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	Backpacks For Kids PO Box 232 Dover MA 02030	\$33,465	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
•		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

ane 3

Name of organization

The Washington County School

Employer identification number 87-0439582

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

a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	701 Swift Gift Cards		
	*	\$14,020	03/07/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	18,733 Weekend Food Bags		
		\$	06/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	29,600 Weekend Food Bags		
		\$ 88,800	06/28/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	Clothing, Backpacks, Books		
	• • • • • • • • • • • • • • • • • • • •	\$ 82,501	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11.	Backpacks, School Supplies	\$ 33,465	06/30/22
		Ψ	.00/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	************

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0074

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 87-0439582

	District	Found	dation		87-043958	32		
Pε	irt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amo	•		
1	Art — Works of art						··	
2	Art Historical treasures							
3	Art — Fractional interests							
4	Books and publications				-	·		
5	Clothing and household		The state of the s					
-	goods	x	The second secon	82,501				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							-
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation		•				-	
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							-
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(Х	8	271,859		*		
26	Other ►(
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received by	the organi:	zation during the tax yea	r for contributions for				
	which the organization completed Fo	orm 8283,	Part V, Donee Acknowle	edgement	29			
							Yes	No
30a	During the year, did the organization	receive by	y contribution any prope	rty reported in Part I, lines	1 through			
	28, that it must hold for at least three							
	to be used for exempt purposes for t	the entire h	nolding period?		************************************	30a		X
b	If "Yes," describe the arrangement in	n Part II,						
31	Does the organization have a gift ac	ceptance p	policy that requires the re	eview of any nonstandard				
	contributions?					31		X
32a	Does the organization hire or use thi	rd parties	or related organizations	to solicit, process, or sell n	ioncash			
	contributions?					32a		Х
b	If "Yes," describe in Part II.				***************************************			100000
33	If the organization didn't report an ar	nount in co	olumn (c) for a type of pr	operty for which column (a) is checked,			
	describe in Part II.							

Schedule M (Forr	n 990) 2021	The 1	Washin	aton (County	School		87-043	9582		Page 2
Part II	Supplen the organ	n ental In nization i	i formatio s reportin	o n. Provide ng in Part I	e the infori , column (mation req b), the nur	uired by Pa nber of con	rt I, lines 30k tributions, th	o, 32b, and 33 e number of it	, and whethe ems received	<u>r</u>
	or a com	Diriation	OI DOIN. F	Also comp	iete triis pa	art for any	additional ir	nformation.			
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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.

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Washington County School

Open to Public Inspection

Employer identification number

District Foundation	87-0439582
Form 990, Part III, Line 4d - All Other Accomplishme	nts
Restoration of Historic Educational Building to be u	sed as the District
Media Center, a computer training center and for tea	cher instructional
training.	
Form 990, Part VI, Line 11b - Organization's Process	to Review Form 990
Copies of the 990 are provided to the Director of th	e Foundation. The board
has given him authority to reveiw the return prior t	o filing. After
reviewing the return if questions arise he would dis	cuss them with the
board. He then signs and files the return	
·	
Form 990, Part VI, Line 12c - Enforcement of Conflic	ts Policy
At the boards annual retreat held early in the year,	the board discusses an
y potential conflicts of interest. Any specific conf	licts are discussed an
d noted.	
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Form 990, Part VI, Line 19 - Governing Documents Dis	sclosure Explanation
Copies of governing documents, polices, and financia	l records are kept on
file and are available to the public upon request.	
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