SHELDON BIRCH PRESIDENT Type or print name and title

Print/Type preparer's name

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

OMB No. 1545-0047 2019

DLN: 93493022009141

PTIN P00290039

Date 2021-01-22 Check if

Open to Public Inspection

A F	or th	e 2019 c	alendar year, or tax year beginning 07-01-2019 , and ending 06-30-20	020					
B Che	ck if a	pplicable:	C Name of organization TOOELE COUNTY SCHOOL DISTRICT		D Employer i	dentif	cation number		
		change	EDUCATION FOUNDATION INC		36-468866	4			
□ Na □ Ini		_	Doing business as						
		n/terminated	TOOELE EDUCATION FOUNDATION						
☐ Am	ended	d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone nu	ımber			
□ Ар	olicatio	on pending	92 LODESTONE WAY						
			City or town, state or province, country, and ZIP or foreign postal code TOOELE, UT 84074						
			100222, 01 01071		G Gross receip	ts \$ 66	53,296		
			F Name and address of principal officer: SHELDON BIRCH	(a) Is this	a group returr	for			
			92 LODESTONE WAY		linates?		□Yes 🗹 No		
				(b) Are all include	subordinates ed?		☐ Yes ☐No		
I Tax	<-exer	npt status:	☑ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		" attach a list.	•	•		
J W	ebsit	te:▶ HTT	PS://WWW.TOOELESCHOOLS.ORG/APPS/PAG	(c) Group	exemption nu	mber	>		
					1	_			
K Forn	n of or	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	ear of format	tion: 2010 M	State	of legal domicile: UT		
D	-4.1	C	MANY						
Pa	rrt I	Sumi Briefly des	cribe the organization's mission or most significant activities:						
a			RT THE TOOELE SCHOOL DISTRICT IN EDUCATION, LITERACY, AND CHARITAE	BLE PURPOS	SES.				
Governance	-								
ma	_								
) Ve	2	Check thi	s box $\blacktriangleright \square$ if the organization discontinued its operations or disposed of more	than 25%	of its net asse	ts.			
			of voting members of the governing body (Part VI, line 1a)			3	12		
න් ග	4	Number o	of independent voting members of the governing body (Part VI, line 1b) $$. $$.			4	8		
Activities &	5	Total nun	5	0					
£ .	6	Total nun	nber of volunteers (estimate if necessary)			6	687		
A	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7a	0		
	b	7b							
				Pric	r Year		Current Year		
Q)	8 Contribu		ions and grants (Part VIII, line 1h)		1,200,434		653,681		
nua	9	Program	Program service revenue (Part VIII, line 2g)				0		
Rəvenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)				5,655		
_	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,800		1,417		
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,203,234		660,753		
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		388,091		364,496		
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)				0		
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)				0		
Expenses	16 a	Professio	nal fundraising fees (Part IX, column (A), line 11e)				0		
e do	b	Total fundr	aising expenses (Part IX, column (D), line 25) ▶0						
Ð	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		521,732		259,165		
	18	Total exp	al expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 909,823						
	19	Revenue	less expenses. Subtract line 18 from line 12		293,411		37,092		
9 S				Beginning o	of Current Year		End of Year		
Net Assets or Fund Balances			ets (Part X, line 16)		467,150				
Ass Ba		Total asse		539,034					
e Pig			ilities (Part X, line 26)		25,426		60,218		
			s or fund balances. Subtract line 21 from line 20		441,724		478,816		
Pa		_	ature Block	adulas and	atatomasta -	nd ±r	the best of		
			erjury, I declare that I have examined this return, including accompanying schor, it is true, correct, and complete. Declaration of preparer (other than officer)						
any k	-		,				•		
		*****		2020)-12-18				
Sign		Signatu	ure of officer	Date					
Here	:	CUELD	ON RIPCH PRESIDENT						

Preparer's signature

	(4010)
d	0
2	5

Check if Schedule (Briefly describe the organi SUPPORT THE TOOELE SCHO Did the organization under the prior Form 990 or 990 If "Yes," describe these ne Did the organization cease services? If "Yes," describe these ch Describe the organization' Section 501(c)(3) and 501 expenses, and revenue, if (Code: See Additional Data (Code: Code: See Additional Data (Code: See Additional Section Services (ICode: Code: Code: See Additional Data Tode: Code: Code: Code: See Additional Data Tode: Code:	: 2	OIII 950 (2019)	Lage L
isted on State on State on State on State on State on State of Sta	1	Statement of P	[
isted on		onse or note to any line in this Part III	
isted on	- 0	Briefly describe the organization's mission: support THE TOOELE SCHOOL DISTRICT IN EDUCATION, LITERACY, AND CHARITABLE PURPOSES.	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990-E27 · · · · · · · · · · · · · · · · · · ·			
The prior Form 900 or 990-E27	, ا	one body design design and setting the setting of t	
If "Yes," describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0. Describes, a describe these changes on Schedule 0. If "Yes," describe these changes on Schedule 0. Describes the organization's program service complishments 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. (Code:) (Expenses \$ 557,511 including grants of \$ 66,150) (Revenue \$) See Additional Data (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$)	ı	the prior Form 990 or 990-E72	No No
Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens 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. (Code:) (Expenses \$ 557,511 including grants of \$ 66,150 (Revenue \$) Code:) (Expenses \$ 66,150 including grants of \$ (6,150) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (An program services (Describe in Schedule O.) (Code:) (Expenses \$ including grants of \$) (Code:) (An program services (Describe in Schedule O.) (Code:) (An program services (Describe in Schedule O.) (Code:) (An program services (Describe in Schedule O.)		If "Yes," describe these new services on Schedule O.	
Secritices? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense bection 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. (Code: (Co	m	Did the organization cease conducting, or make significant changes in how it conducts, any program	[
			. Yes 🗹 No
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Total program service expenses ▶		including grants of \$	(
	4 e	Total program service expenses ▶	

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	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	3		No
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	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII "	11b		No
	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 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	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)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21	Yes	

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 😕	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34		34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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 related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		Yes	No
	Enter the number of Forms W-2G included in 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		

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								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Year" and the foreign country is a supply to the financial account.	4a	No						
D	b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No						
С	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 the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 and services provided to the payor?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
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:								
a	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No						

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	·	onse to i	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	l
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►LARK REYNOLDS 92 LODESTONE WAY TOOELE, UT 84074 (435) 833-1900

Form 990 (2019)

orm 990 (2	2019)	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	_

and Independent Contractors

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 employees."

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (F) Position (do not check more Name and title Average Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Former Individual to or director employee organizations MISC) MISC) related Institutional below dotted organizations employee pest compensated line) trustee Trustee 40.00 (1) CLINTON J SPINDLER Х 0 76,000 7.554 EXECUTIVE DI 1.00 (2) SHELDON BIRCH Х 0 PRESIDENT 1.00 (3) CLAYTON DUNN 0 0 BOARD MEMBER 1.00 (4) REBECCA HALL 0 0 BOARD MEMBER 1.00 (5) JAKE JOHNSON Χ 0 TREASURER 1.00 (6) CAMILLE KNUDSON 0 0 BOARD MEMBER 1.00 (7) ALISON MCCOY 0 0 Х VICE PRESIDE 1.00 (8) KAREN NELSON 0 0 SECRETARY 1.00 (9) MATTHEW POTTER BOARD MEMBER 1.00 (10) LARK REYNOLDS 0 0 BOARD MEMBER 1.00 (11) SCOTT ROGERS 0 0 BOARD MEMBER 1.00 (12) JEREMY SCOTT 0 0 BOARD MEMBER 1.00 (13) ANDREW VERA Χ 0 BOARD MEMBER

Pa	rt VII Section A. Officers, Direct	tors, Trustees	, Key	Emp	loye	es,	and	High	hest Com	pensate	d Employees	(con	tinued)		
	(A) Name and title	(B) Average hours per week (list any hours	than d	ne b	ox, u in of	t che inles ficer	and a	son	Repor comper from organi:	table isation the zation	from related organization		Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/: MIS		(W-2/1099 MISC)	-	rela	ated zations	
С	Sub-Total	art VII, Section	Α.				•				76.6	100		7.554	
2	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	but not limited					e) who	rece	eived more	than \$1	76,0 00,000	100		7,554	
3	Did the organization list any former	officer director	or trust	99 k	ev e	mple	20/00	or bi	ighest com	nensated	employee on		Yes	No	
•	line 1a? If "Yes," complete Schedule.										·	3		No	
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No	
5	Did any person listed on line 1a recei services rendered to the organization										vidual for	5		No	
S	ection B. Independent Contract	ors													
1	Complete this table for your five high from the organization. Report compe	est compensate nsation for the c	d indep alendar	endei year	nt co end	ntra ling	actors with o	that r wit	received n thin the org	nore than ganization	\$100,000 of co n's tax year.	mper			
	Name a	(A) and business addre	ess							Desc	(B) ription of services			(C) ensation	
	Total number of independent contractor	rs (including but	not lim	ited t	o th	ose	listed	abov	ve) who re	ceived m	ore than \$100,0	00 of	:		
	compensation from the organization >												Form 9	90 (2019)	

		Check if Sched	dule O contain	s a respo	onse or note to any	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
, s	1a	Federated campa	aigns	1a					
ants	Ь	Membership due	s	1b					
اية ورز	c	Fundraising even	its	1c					
ffs,	d	l Related organiza	tions	1d					
nii ⊆	е	Government grants	(contributions)	1e	200,000				
tributions, Gifts, Grants Other Similar Amounts	f	All other contribution and similar amounts above	ons, gifts, grants s not included	, 1 f	453,681				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution lines 1a - 1f:\$	ons included in	1g	174,116				
Cont	h	Total. Add lines	1a-1f		•	653,681			
					Business Code				
	2a								
THE					+				
e Ae	b								
Ge G	c								
Program Service Revenue									
٤	d								
ogra	е								
\$		All able an area area.							
		All other program							
		Total. Add lines 2			nterest, and other	1		1	
	si	milar amounts) .			•	5,65	.5		5,65
		ncome from invest	ment of tax-e	•	ond proceeds	-			
	J 1	toyalties	(i) F		(ii) Personal	1			
	<i>c</i> -	Currents				1			
		Gross rents Less: rental	6a			-			
		expenses	6b			_			
		Rental income or (loss)	6c						
		Net rental income	e or (loss) .			-			
			(i) Sec	urities	(ii) Other				
		Gross amount from sales of assets other	7a						
	b	than inventory Less: cost or other basis and	7b						
		sales expenses Gain or (loss)	7c			-			
	d	Net gain or (loss)			· · · •	_			
a l		Gross income from fu (not including \$	_	s of					
nue		contributions reporte	d on line 1c).						
) Se		See Part IV, line 18		Od	3,960	⊣			
<u>~</u>		Less: direct expen Net income or (los			2,543	1,41	7		
<u> </u>	·	Net income or (los	ss) from fullula	alsing ev	ents •	7	<u> </u>		
Othe		Gross income from	gaming activiti	es.					
Other Revenue		See Part IV, line 19		9a					
	b	See Part IV, line 19 Less: direct expen	ses	. 9b					
	b	See Part IV, line 19	ses	. 9b	ies •	<u> </u> 			

Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must o			·	· · ·
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	298,346	298,346		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	66,150	66,150		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
ā	Management	203,405	203,405		
ı	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column	19,678	19,678		
	(A) amount, list line 11g expenses on Schedule O)	19,078	19,070		
	Advertising and promotion				
	Office expenses				
	Information technology				
	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a SUPPLIES	35,907	35,907		
	b OTHER	175	175		
	c				
	d				
~-	e All other expenses	623,661	623,661	0	,
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	023,001	023,001	0	
	educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or not	e to any line in this Part IX			<u> 🛚 </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		459,910	1	259,388
	2	Savings and temporary cash investments .	[2	279,646
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	7,240	4		
	5 6	Loans and other payables to any current or form key employee, creator or founder, substantial c entity or family member of any of these persons Loans and other receivables from other disquali section 4958(f)(1)), and persons described in so		5		
s	7	Notes and loans receivable, net			7	
et	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	467,150	16	539,034
	17	Accounts payable and accrued expenses		8,467	17	1,309
	18	Grants payable			18	
	19	Deferred revenue		16,959	19	30,625
	20	Tax-exempt bond liabilities			20	
Ś	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons			22	
=	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		25	28,284	
	26	Total liabilities. Add lines 17 through 25 .	. [25,426	26	60,218
Fund Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck here ▶ ☑ and	441,724	27	478,816
8	28	Net assets with donor restrictions			28	
r Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	!		29	
Ş	30	Paid-in or capital surplus, or land, building or ed		30		
Net Assets or	31	Retained earnings, endowment, accumulated in	· ·		31	
	32	Total net assets or fund balances		441,724	32	478,816
	33	Total liabilities and net assets/fund balances .		467,150	33	539,034
				,		1

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Form 9

Page **12**

Part XI

Check if Schedule O contains a response or note to any line in this Part XI	Ра	PartXI Reconcilliation of Net Assets			
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IVIII, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1					
Revenue less expenses. Subtract line 2 from line 1	Ħ	Part VIII, column (A), line 12)		99	660,753
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	7	Total expenses (must equal Part IX, column (A), line 25)		.9	623,661
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	ო	Revenue less expenses. Subtract line 2 from line 1		, ,	37,092
Net unrealized gains (losses) on investments	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	441,724
Domated services and use of facilities	Ŋ	Net unrealized gains (losses) on investments			
Prior period adjustments Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: If 'Yes,' check a box below to indicate whether the financial statements and selection of an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements and selection of an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements and selection of an independent accountant? If 'Yes,' check a box below to compilation of its financial statements and selection of an independent accountant? If we and it, 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 in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and ONB Circular A.133?	9	Donated services and use of facilities			
Prior period adjustments	7	Investment expenses			
Other changes in net assets or fund balances (explain in Schedule O)	œ	Prior period adjustments			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response or note to any line in this Part XII	0	Other changes in net assets or fund balances (explain in Schedule O)			
Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		4	478,816
Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: Separate basis, consolidated basis and independent accountant? 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 and separate basis and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Ра				
Accounting method used to prepare the Form 990:		O contains a			
Accounting method used to prepare the Form 990:				Yes	٥
Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	-	Accounting method used to If the organization changed Schedule O.			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2 a		2a		Š
Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis		If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Separate bas		☐ Consolidated basis ☐			
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 Gonsolidated basis Consolidated basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Р	Were the organization's fin	2b	Yes	
☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓ Consolidated basis			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	O		2c	Yes	
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		If the organization changed either its oversight process or selection process during the tax year, explain in Schedule (
	3a		3a		8
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 in Schedule O and describe any steps taken to undergo such audits.	Р		36		

Additional Data

Software ID:

Software Version:

EIN: 36-4688664

Name: TOOELE COUNTY SCHOOL DISTRICT EDUCATION FOUNDATION INC

Form 990 (2019)

Form 990, Part III, Line 4a:

TO SUPPORT THE TOOBLE SCHOOL DISTRICT IN EDUCATION, LITERACY, AND CHARITABLE PURPOSES.

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493022009141

Open to Public Inspection

Internal Revenue Service
Name of the organization
TOOELE COUNTY SCHOOL DISTRICT
EDUCATION FOUNDATION INC

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Employer identification number

EDUC	ATION F	OUNDATION INC					36-4688664	
	rt I	Reason for Public					See instructions.	
The c	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperat	ve hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
4		A medical research orga name, city, and state:	nization operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). Er	nter the hospital's
5		An organization operate (b)(1)(A)(iv). (Comple		t of a college or univer	rsity owned or op	perated by a gov	ernmental unit describ	ped in section 170
6		A federal, state, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	✓	An organization that nor section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in
8		A community trust descri	ibed in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that nor from activities related to investment income and 30, 1975. See section!	its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organization organize			r public safety. S	ee section 509	(a)(4).	
12		An organization organize more publicly supported in lines 12a through 12c	organizations of	described in section 5	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>	
а		Type I. A supporting or organization(s) the power complete Part IV, Sec	er to regularly a	appoint or elect a majo	ontrolled by its so prity of the direct	upported organizers or trustees of	zation(s), typically by of the supporting orga	giving the supported nization. You must
b		Type II. A supporting o management of the sup must complete Part IV	porting organiza	ation vested in the san				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satist	fy a distribution i	requirement and		
e		Check this box if the org				RS that it is a Ty	pe I, Type II, Type III	functionally
f	integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations							
g								
		lame of supported organization	n organization in your governing document? monetary support other support ((vi) Amount of other support (see instructions)		
					Yes	No		

Schedule A (Form 990 or 990-EZ) 2019

P	art II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) an	d 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 failed	to qualify under	the tests listed	below, please	complete Part II	I.)		
	Section A. Public Support		1					
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	ļ
1	Gifts, grants, contributions, and membership fees received. (Do not	79,970	553,847	679,202	1,200,434	653,6	3,16	7,134
2	include any "unusual grant.") 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	79,970	553,847	679,202	1,200,434	653,6	81 3,16	7,134
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).						1,44(0,493
6	Public support. Subtract line 5 from						1 72	6,641
	line 4.							5,011
	Section B. Total Support Calendar year							
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	1
7	Amounts from line 4	79,970	553,847	679,202	1,200,434	653,6	581 3,16	7,134
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and					5,6	555 !	5,655
9	income from similar sources 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						3,17	2,789
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	12	2,995
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	tion 501(c)(3)	organization,	
	check this box and stop here		<u> </u>			<u></u>	<u>• 🗆 </u>	
	Section C. Computation of Public							
	Public support percentage for 2019 (lin					14	54.42	20 %
	Public support percentage for 2018 Sc					15	60.94	40 %
16 a	33 1/3% support test—2019. If the	organization did n	ot check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check t		
b	and stop here. The organization quali 33 1/3% support test—2018. If th	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1/	/3% or more, o		
17a	box and stop here. The organization qualifies as a publicly supported organization							
Ь	organization	st— 2018. If the or ation meets the "fa	ganization did not acts-and-circumst	check a box on li ances" test, check	ne 13, 16a, 16b, o this box and stor	or 17a, and line o here.		I
18	supported organization Private foundation. If the organization	on did not check a			 7b, check this box	and see	▶ □ 	İ
	instructions						▶ □	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you c						ler Part II. If	
Se	the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support							
	Calendar year	(-) 201E	(h) 2016	(a) 2017	(4) 2010	(-) 2010	(6) Tabal	
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.").							
2	Gross receipts from admissions,							
2	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 7-	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and							
/a	3 received from disqualified persons							
b								
_	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							
٠	from line 6.)							
Se	ection B. Total Support		•	•			•	
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2010	(0) 2017	(d) 2018	(e) 2019	(1) Total	
9	Amounts from line 6							
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 in line 10b,							
	whether or not the business is							
	regularly carried on.							
12								
	loss from the sale of capital assets							
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,							
13	11, and 12.).							
14	First five years. If the Form 990 is fo	r the organizatior	's first, second, tl	nird, fourth, or fift	h tax year as a se	tion 501(c)(3) c	rganization,	
	check this box and stop here						🕨 🗆	
Se	ection C. Computation of Public S							
15	Public support percentage for 2019 (lin	e 8, column (f) d	ivided by line 13,	column (f))		15		
16	Public support percentage from 2018 S	chedule A, Part I	II, line 15			16		
Se	ection D. Computation of Invest							
17	Investment income percentage for 201	l 9 (line 10c, colu	mn (f) divided by	line 13, column (f	"))	17		
18	Investment income percentage from 2	·				18		
19a	331/3% support tests—2019. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	ne 17 is not	
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
	33 1/3% support tests—2018. If the							
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported orga	anization	. ▶□	
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	19a, or 19b, check	this box and see i	nstructions	▶ 🗆	

answer line 10b below.

the organization had excess business holdings).

Part IV	Suppo	orting	Organ	ization
---------	-------	--------	-------	---------

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

Se	ection A. All Supporting Organizations					
			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				
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).					
		2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.					
	determination.	3b				
С	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.	3c				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below.	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b				
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 to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a				
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the					
	organization's organizing document?	5b				
С	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				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a					
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).					
_		8				
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a				
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the connecting	Ja				
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	0,				
		9b				
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c				
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding					

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

10a

Sch	edule A (Form 990 or 990-EZ) 2019		F	Page 5
Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported 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, supervised or controlled the supporting			
	organization.	2		
S	Section 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).	1		-
	Section D. All Type III Supporting Organizations			L
	7		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		1		
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).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax	<u> </u>		
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	a			
	b			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a 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			

	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.
1.	Did the activities described in (a) and the transfer that he to be a considered in (a) in the constant of the

)	Did the activities described in (a) 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 have engaged in these activities but for the organization's
	involvement.

3	Parent of	Supported	Organizations.	Answer	(a)	and ((b)	below
---	-----------	-----------	----------------	--------	-----	-------	-----	-------

- **a** 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? *Provide details in Part VI*.
- **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.

2a	
2b	
3a	
26	

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

(B) Current Year (B) Current Year Current Year (optional) (optional) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (A) Prior Year **1**b **1**c 밁 **1**a Ŋ / ø ~ 9 Ŋ -N ო 4 9 ო 4 Ŋ ^ ø 2 m 4 9 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Adjusted net income for prior year (from Section A, line 8, Column A) Net value of non-exempt-use assets (subtract line 4 from line 3) Acquisition indebtedness applicable to non-exempt use assets Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) c Fair market value of other non-exempt-use assets Minimum Asset Amount (add line 7 to line 6) **Discount** claimed for blockage or other factors Section B - Minimum Asset Amount Section C - Distributable Amount Section A - Adjusted Net Income production of income (see instructions) temporary reduction (see instructions) Recoveries of prior-year distributions Other gross income (see instructions) Recoveries of prior-year distributions Average monthly value of securities Other expenses (see instructions) Income tax imposed in prior year d Total (add lines 1a, 1b, and 1c) **b** Average monthly cash balances Enter greater of line 2 or line 3 Subtract line 2 from line 1d (explain in detail in Part VI) Net short-term capital gain Depreciation and depletion Multiply line 5 by .035 4 Add lines 1 through 3 Enter 85% of line 1 instructions)

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Schedule A (Form 990 or 990-EZ) 2019

hedule A	(Form	990	or	990-EZ)	2019
ilcadic / t	(, 0 , , , ,		٠.	,,,,	

Page **7**

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Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continued	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	d)		
6 Other distributions (describe in Part VI). See instructio	•		
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017 d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID:

Software Version:

36-4688664 EI N

TOOELE COUNTY SCHOOL DISTRICT Name:

EDUCATION FOUNDATION INC

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. OMB No. 1545-0047

DLN: 93493022009141

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

EDU	CATION FOUNDATION INC			36-4688664	
Pa	rt I Organizations Maintaining Donor Ad			Accounts.	
	Complete if the organization answered "	Yes" on Form 990, Part IV, (a) Donor advised f		(b) Funds and other ac	
1	Total number at end of year	(a) Donor advised i	unas	(b) Funds and other ac	counts
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi	sors in writing that the assets h	eld in donor adv	iced funds are the	
,	organization's property, subject to the organization's			_	res 🗆 No
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the don			e used only for	163 🗀 110
	private benefit?				res □ No
Pai	t II Conservation Easements.				
	Complete if the organization answered "				
1	Purpose(s) of conservation easements held by the org	ganization (check all that apply)			
	Preservation of land for public use (e.g., recreat	ion or education) \square Pre	servation of an h	nistorically important land are	ea
	Protection of natural habitat	☐ Pre	servation of a ce	ertified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held	a qualified conservation contrib	oution in the form	n of a conservation	
	easement on the last day of the tax year.			Held at the End of	the Year
а	Total number of conservation easements		<u> </u>	2a	
b	Total acreage restricted by conservation easements .		—	2b	
С	Number of conservation easements on a certified history	` '	. –	2c	
d	Number of conservation easements included in (c) acceptracture listed in the National Register		L	2d	
3	Number of conservation easements modified, transfer tax year ▶	red, released, extinguished, or	terminated by th	ne organization during the	
4	Number of states where property subject to conserva	tion easement is located >			
5	Does the organization have a written policy regarding and enforcement of the conservation easements it ho			f violations,	□ No
6	Staff and volunteer hours devoted to monitoring, insp \blacktriangleright	ecting, handling of violations, a	nd enforcing cor	nservation easements during	the year
7	Amount of expenses incurred in monitoring, inspectin \$ \(\)\$	g, handling of violations, and er	nforcing conserva	ation easements during the y	/ear
8	Does each conservation easement reported on line 2(d) above satisfy the requiremer	nts of section 170	0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				□ No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easem	ne footnote to the organization's			
Par	Organizations Maintaining Collection Complete if the organization answered "	s of Art, Historical Treas		r Similar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for	116 (ASC 958), not to report in	its revenue state		rks of
	provide, in Part XIII, the text of the footnote to its fin				
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for puriodic following amounts relating to these items:				
(i) Revenue included on Form 990, Part VIII, line 1			▶\$	
	i)Assets included in Form 990, Part X				
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:	orical treasures, or other similar	assets for financ		
а	Revenue included on Form 990, Part VIII, line 1	, , ,		▶\$	
	Assets included in Form 990. Part X			▶ \$	

Par	t III Organizations Maintaining Col	ections of Art, F	listori	cal Tr	easures, oi	Othe	r Similar Assets	(continued)
3	Using the organization's acquisition, accession items (check all that apply):	, and other records,	check	any of t	he following t	hat are	a significant use of	its collection
а	Public exhibition		d		Loan or exch	ange pro	ograms	
b	Scholarly research		е		Other			
c	Preservation for future generations							
4	Provide a description of the organization's coll Part XIII.	ections and explain	how the	ey furth	er the organiz	ation's	exempt purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							Yes 🗌 No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part 1	IV, line 9, o	r repor	ted an amount o	n Form 990, Part
1 a	Is the organization an agent, trustee, custodia included on Form 990, Part X?						_	Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:			Amou	nt
c	Beginning balance					1c		
d	Additions during the year					1 d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990. Part X. line	21. for	escrow	or custodial a	ccount	liability?	Yes 🗆 No
b								163 🗀 110
	art V Endowment Funds.	Check here if the e.	Apianau	IOII IIas	been provide	u III Fait	· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answ	ered "Yes" on For	m 990	, Part I	IV, line 10.			
		(a) Current year	(b) P	rior year	(c) Two y	ears back	k (d) Three years ba	ck (e) Four years back
1 a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	nt year end balance	(line 1	g, colum	nn (a)) held a	s:		
а	Board designated or quasi-endowment							
b	Permanent endowment ►							
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, and 2c shou	d equal 100%.						
3а	organization by:	-	ion that	t are he	ld and admini	istered f	for the	Yes No
	(i) unrelated organizations							3a(i) 3a(ii)
b	(ii) related organizations If "Yes" on 3a(ii), are the related organization		 on Sche	 Do D2				3b
4	Describe in Part XIII the intended uses of the	'						36
	rt VI Land, Buildings, and Equipmer							
	Complete if the organization answ		m 990	, Part I	IV, line 11a.	See F	orm 990, Part X,	line 10.
	Description of property (a) Cost or oth (investme		or other	basis (ot	ther) (c) Acc	umulated	d depreciation	(d) Book value
1 a	Land							
b	Buildings							
	Leasehold improvements							
	Equipment							
	Other						+	
	al. Add lines 1a through 1e. (Column (d) must e	ual Form 990, Part	X, colu	mn (B).	line 10(c).)		•	
	3 ((-),		,	,-//	1-7-7	•		D / T

Part VII	Complete if the organization answered "Yes" on Form 990, F	Part IV li	ne 11h Se	e Form 990 I	Part Y	line 12
	(a) Description of security or category (including name of security)	(b) Book value	110.00	(c) Metho Cost or end-of-	d of va	luation:
(1) Financia	al derivatives					
	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV. li	ne 11c. Se	e Form 990.	Part X	. line 13.
	(a) Description of investment) Book value	(c)	Method of valuation: or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX	Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lir	ne 11d. Se	Form 990, Par	t X, lin	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	ımn (b) must equal Form 990, Part X, col.(B) line 15.)				•	
Part X	Other Liabilities.					
1.	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability	art IV, lir	ne 11e or :	.1f.See Form	990, F	Part X, line 25. (b) Book value
(1) Federal	income taxes					
(2)						

ched	Schedule D (Form 990) 2019		Page 4
Par	Part Xt Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	turn.	
,	Total revenue, gains, and other support per audited financial statements · · · · · · · · .	1	
7	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
æ	Net unrealized gains (losses) on investments		
p	Donated services and use of facilities		
o	Recoveries of prior year grants		
ъ	Other (Describe in Part XIII.)		
Ð	Add lines 2a through 2d	2e	
m	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$:		
æ	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
p	Other (Describe in Part XIII.)		
o	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	9	
Part	Part X41 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	teturi	٦.
1	Total expenses and losses per audited financial statements	1	
7	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
0	Donated services and use of facilities		
q	Prior year adjustments		
o	Other losses		
P	Other (Describe in Part XIII.)		
Ð	Add lines 2a through 2d	2е	
m	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b		
q	Other (Describe in Part XIII.)		
o	Add lines 4a and 4b	4c	
21	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2	
Par	Part XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Explanation Return Reference

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	ırm 990) 2019		
Part XIII	XIII Supplemental Information (cc	rmation (continued)	
Reti	Return Reference	Explanation	

Schedule D (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -	NOT PROCESS	As Filed Data -				DI	DLN: 93493022009141
Note: To capture the full content of this document, please select land	content of this d	ocument, please se	ect landscape mode	iscape mode (11" $ imes$ 8.5") when printing.	n printing.	_	OMB N. 1545
Schedule I (Form 990)		Grants and C	Grants and Other Assistance to Organizations,	e to Organiz	ations,		JO15 1343-0047
		Governments and Individuals in the United States	and Individuals	s in the Unite	d States		7019
	S	Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.	tion answered "Yes," o	on Form 990, Part IV	, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go to www	 Attach to Form 990. Go to <u>www.irs.gov/Form990</u> for the latest information. 	990. the latest informatio	Ë.		Inspection
Name of the organization TOOELE COUNTY SCHOOL DISTRICT FOLICATION FOLINDATION INC	RICT					Employer identification number 36-4688664	ation number
Part I General Infor	General Information on Grants and Assistance	and Assistance					
1 Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance?	aintain records to sub	stantiate the amount of to or assistance?	he grants or assistance,	the grantees' eligibility	or assistance, the grantees' eligibility for the grants or assistance, and	ce, and	> >
2 Describe in Part IV the organization's procedures for monitoring the use of grant	ganization's procedu	es for monitoring the us	e of grant funds in the United States.	iited States.			,
Part III Grants and Othe that received mon	r Assistance to Dom e than \$5,000. Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governn that received more than \$5,000. Part II can be duplicated if additional space is needed	id Domestic Governme tional space is needed.	nts. Complete if the or	ganization answered "Yes	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TOOELE COUNTY SCHOOL DISTRICT 92 LODESTONE WAY TOOELE, UT 84074	87-6000523	005	124,230	174,116	174,116 EST. VALUE	SUPPLIES	TO ENHANCE EDUCATION
2 Enter total number of section 501(c)(3) and government organizations listed in the	tion 501(c)(3) and g	overnment organizations	listed in the line 1 table .				
3 Enter total number of other organizations listed in the line 1 table .	ner organizations liste	d in the line 1 table .				• • • •	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tice, see the Instructio	ns for Form 990.		Cat. No. 50055P	<u>a</u>	Sch	Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

Partiti Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Typ	(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, EMV, appraisal, other)		(f) Description of noncash assistance
(1) SCHOLARSHIPS	SHIPS		56	66,150				
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
Part IV	Supplemental Information. Provide the information	formation	n. Provide the ir	uired in Part I,	line 2; Part III, col	equired in Part I, line 2; Part III, column (b); and any other additional information.	additional i	nformation.
Return Reference		Explanation	E					

Schedule I (Form 990) 2019

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Noncash Contributions

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization TOOF! F COUNTY SCHOOL DISTRICT

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

DLN: 93493022009141 OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

EDUCATION FOUNDATION INC 36-4688664 Part I Types of Property (b) (d) (a) (c) Check if Noncash contribution Number of contributions or Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests . . 4 Books and publications 5 Clothing and household goods Cars and other vehicles . . 6 Boats and planes 7 8 Intellectual property . . . **9** Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 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 . . . 174,116 EST. FAIR VALUE 25 Other ► (SUPPLIES) 26 Other ▶ (___ 27 Other ▶ (__ _) 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **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.

Cat. No. 51227J

Schedule M (Form 990) (2019)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

Schedule M (Form 990) (2019)

efile GRAPHIC prin	rint - DO NOT PROCESS As Filed Data -	As Filed Data -	DLN:	DLN: 93493022009141
0 1 4100				OMB No. 1545-0047
SCHEDULE O	Supplement	al Informatio	Supplemental Information to Form 990 or 990-EZ	0700
(Form 990 or 990-	Complete to pro	vide information for	Complete to provide information for responses to specific auestions on	5 = 5

Open to Public Inspection Employer identification number Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

36-4688664

990 Schedule O, Supplemental Information

Department of the Treasury
Nammel & theu of glankization
TOOELE COUNTY SCHOOL DISTRICT
EDUCATION FOUNDATION INC

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	COPY OF FORM 990 IS PROVIDED TO BOARD FOR REVIEW AND APPROVAL BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE BOARD MONITORS COMPLIANCE WITH CONFLICTS OF INTEREST POLICY ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST JUST AS FORMS 990.

(g) Section 512(b) (13) controlled entity? Yes No DLN: 93493022009141 Schedule R (Form 990) 2019 OMB No. 1545-0047 Open to Public Inspection 2019 (f)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more (f)
Direct controlling
entity Employer identification number ΑN (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) 36-4688664 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ★ Attach to Form 990.
 ★ Go to www.irs.gov/Form990 for instructions and the latest information. (**d)** Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Related Organizations and Unrelated Partnerships (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 9 Cat. No. 50135Y (c)
Legal domicile (state
or foreign country) 5 (b) Primary activity (b) Primary activity EDUCATION For Paperwork Reduction Act Notice, see the Instructions for Form 990. efile GRAPHIC print - DO NOT PROCESS As Filed Data related tax-exempt organizations during the tax year (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Internal Revenue Service
Name of the organization
TOOELE COUNTY SCHOOL DISTRICT
EDUCATION FOUNDATION INC (1)TOOELE SCHOOL DISTRICT 92 LODESTONE WAY SCHEDULE R Department of the Treasury (Form 990) TOOELE, UT 84074 87-6000523 Part I

Partiff Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(k) Percentage ownership						Section 512(b) (13) controlled entity?	_			3019
	Yes No				line 34					Form 990
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					90, Part IV,	f- Percentage ownership				Schodule D (Form 000) 2010
(h) Disproprtionate Code V-UBI General or allocations? amount in box managing 20 of Schedule K-1 (Form 1065)	Yes No				on Form 99	(g) Share of end-of- year assets				
(f) (g) Share of Share of D total income end-of-year assets					vered "Yes"	(f) Share of total income				
					ization ansv	(e) Type of entity (C corp, S corp, or trust)				
(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)					f the organ tax year.	Direct controlling Typ (C cc entity (C cc				
(d) Direct controlling entity					Complete i during the	Direct of				
Legal domicile (state or foreign					or Trust. n or trust	(c) Legal domicile (state or foreign country)				
(b) Primary activity					Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 as a corporation or trust during the tax year.	Leador (state or cour				
						(b) Primary activity				
(a) Name, address, and EIN of related organization					IV Identification of Related Organizations Taxable as a because it had one or more related organizations treated	(a) Name, address, and EIN of related organization				
					Part IV					

	5.
	34, 35b, or 36.
	Part IV, line
	on Form 990,
	swered "Yes"
	ganization an
	izations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b,
	ations. Com
	ted Organiz
6	s With Rela
(Form 990) 201	Transaction
Schedule R (Part V

0) 2019	Schedule R (Form 990) 2019			
	COST OR FAIR VALUE	298,346	В	(3)TOOELE SCHOOL DISTRICT
			z	(2)TOOELE SCHOOL DISTRICT
	COST PAID BY DISTRICT	203,405	0	(1)TOOELE SCHOOL DISTRICT
olved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
	ansaction thresholds.	elationships and tra	, including covered	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
§.				s Other transfer of cash or property from related organization(s) · · · · · · · · · · · · · · · · · · ·
8				r Other transfer of cash or property to related organization(s)
o _N				q Reimbursement paid by related organization(s) for expenses
N				p Reimbursement paid to related organization(s) for expenses
Tes				o Sharing of paid employees with related organization(s)
Yes	\rightarrow			n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
N _O				$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s) $oldsymbol{\cdot}$
No				l Performance of services or membership or fundraising solicitations for related organization(s)
ν				k Lease of facilities, equipment, or other assets from related organization(s)
8				j Lease of facilities, equipment, or other assets to related organization(s)
No	<u>i</u>			i Exchange of assets with related organization(s)
No				h Purchase of assets from related organization(s)
Š	119			g Sale of assets to related organization(s)
Š.	1f			f Dividends from related organization(s)
S N				e Loans or loan guarantees by related organization(s)
No				$oldsymbol{d}$ Loans or loan guarantees to or for related organization(s) $\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot$
No	1c			c Gift, grant, or capital contribution from related organization(s)
Yes	<u>1b Y</u>			$oldsymbol{b}$ Gift, grant, or capital contribution to related organization(s)
å				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
		ו Parts II-IV?	rganizations listed ir	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(K) Percentage ownership) 2019
	No)66
(j) General or managing partner?	Yes								Schedule R (Form 990) 2019
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)									Schedul
	No								
(h) Disproprtionate allocations?	Yes								
(g) Share of end-of-year assets									
Share of total income									
(e) Are all partners section 501(c)(3) organizations?	No								
Are	Yes								
(d) Predominant income (related, unrelated, excluded from tax under sections 512-									
(c) Legal domicile (state or foreign country)									
(b) Primary activity									
(a) Name, address, and EIN of entity									

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference

Explanation