Public Disclosure Copy

EXTENSION GRANTED TO JUNE 15, 2021

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For the	2019 calendar year, or tax year beginning AUG 1 , 2019 and ending JUL 3	1, 2	2020
В	Check if applicat	le: C Name of organization D Emp	oloyer id	lentification number
Г	- i	ess change WASHINGTON SENIOR HIGH SCHOOL		
	Nam	e change BOOSTER CLUB 2	3-74	116991
	Initia	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele	ephone i	number
	Final term	return/ nated 501 N SYCAMORE AVENUE (605)	367-7970
	Ame	nded return City or town, state or province, country, and ZIP or foreign postal code F Gro	up Exer	mption
	Applic	ation pending SIOUX FALLS, SD 57110-5752 Nur	nber 🕨	•
G	Accou	nting Method: X Cash Accrual Other (specify) ▶ H Che	eck 🕨	if the organization is
			require	d to attach Schedule B
J	Tax-ex	empt status (check only one) $ \times$ 501(c)(3) \longrightarrow 501(c) () \blacktriangleleft (insert no.) \longrightarrow 4947(a)(1) or \longrightarrow 527 (For	rm 990,	990-EZ, or 990-PF).
K	Form o	f organization: X Corporation Trust Association Other		
L	Add Iir	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
	columi	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	82,486.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions	for Part	t I)
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	1	70,193.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	11,501.
	4	Investment income SEE SCHEDULE O	4	17.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
Φ	a	Gross income from gaming (attach Schedule G if greater than		
ğ		\$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
ш		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
		gross income and contributions exceeds \$15,000) 6b		
	C	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 775.		
	b	Less: cost of goods sold SEE SCHEDULE O 7b 3,457.		
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	-2,682.
	8	Other revenue (describe in Schedule O)	8	
_	9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,029.
	10	Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O	10	32,746.
	11	Benefits paid to or for members	11	11,501.
es	12	Salaries, other compensation, and employee benefits	12	
ens	13	Professional fees and other payments to independent contractors	13	
Expenses	14	Occupancy, rent, utilities, and maintenance	14	
ш	13	Printing, publications, postage, and shipping	15	0 170
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	16	2,178.
_	17	Total expenses. Add lines 10 through 16	17	46,425.
s	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	32,604.
sse.	19	Net assets or fund balances at beginning of year (from line 27, column (A))	40	75 022
Net Assets	00	(must agree with end-of-year figure reported on prior year's return)	19	75,033.
Š	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	107,637.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	107,037.

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Pa	ırt II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to resp	ond to any quest	ion in this Part II				
		•		(A) Beginning of year		(B) E	nd of year	
22	Cash,	savings, and investments	Γ	75,033.	22		107,6	537.
23		and buildings			23			
24		assets (describe in Schedule 0)			24			
25		assets		75,033.	25		107,6	537.
26		liabilities (describe in Schedule 0)		0.	26			0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		75,033.			107,6	537.
	rt III	Statement of Program Service Accomplishment	ts (see the instru	uctions for Part III)	•		penses	
		Check if the organization used Schedule O to resp	ond to any quest	ion in this Part III	\mathbf{x}	(Required	for section	n
Wha	t is the o	organization's primary exempt purpose? SEE SCHEDULE O	, , , , , , , , , , , , , , , , , , ,			501(c)(3) organization		
		rganization's program service accomplishments for each of its three largest program ser	rvices, as measured by exper	nses. In a clear and concise		others.)	ono, optioi	iai ioi
		be the services provided, the number of persons benefited, and other relevant information						
28	SEE	SCHEDULE O						
					_			
					_			
	(Grants	32,746.) If this amount includes foreign gr	rants, check here	> [_	28a	45,9	906.
29	•		,				-	
					_			
					_			
	(Grants) If this amount includes foreign gr	rants, check here	> [29a		
30	•	,	,	,				
					_			
					_			
	(Grants) If this amount includes foreign gr	rants, check here	> [30a		
31	Other p	program services (describe in Schedule O)						
	(Grants					31a		
32	Total p	program service expenses (add lines 28a through 31a)				32		906.
Pa	rt IV	List of Officers, Directors, Trustees, and Key En	nployees (list each d	one even if not compensated - se	e the ir	nstructions for	Part IV)	
		Check if the organization used Schedule O to resp	ond to any quest	ion in this Part IV				
			(b) Average hours			alth benefits,	(e) Esti	mated
		(a) Name and title	per week devoted to	I W-2/1099-MISC) I	emplo	butions to yee benefit	amount o	
			position	(if not paid, enter -0-)		and deferred pensation	compen	sation
JA	N SC	CHAFER						
PR	ESII	DENT	1.00	0.		0.		0.
SU	MMEF	R HOFFMAN						
CO	-VIC	CE PRESIDENT	1.00	0.		0.		0.
JE	N JC	DHNSON						
CO	-VIC	CE PRESIDENT	1.00	0.		0.		0.
CH	ARIT	TY SMALL						
TR	EASU	JRER	1.00	0.		0.		0.
AN	NA E	EIDEM						
SE	CRET	PARY	1.00	0.		0.		0.

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part '	V	X		
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0					
34						
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		<u>x</u>		
	on lines 2, 6a, and 7a, among others)?	35a	37 /	X		
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A.		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		х		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.					
b	Did the organization file Form 1120-POL for this year?	37b		X		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made					
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved					
39	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on line 9 39a N/A					
	Gross receipts, included on line 9, for public use of club facilities 39b N/A					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit					
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any					
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on					
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
	transaction? If "Yes," complete Form 8886-T	40e		X		
	List the states with which a copy of this return is filed NONE					
42 a	The organization's books are in care of \blacktriangleright CHARITY SMALL Telephone no. \blacktriangleright (605)					
	Located at \triangleright 501 N SYCAMORE AVENUE, SIOUX FALLS, SD ZIP+4 \triangleright 5	711	0-5	752		
b	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		Yes			
	account)?	42b		<u> </u>		
	If "Yes," enter the name of the foreign country					
_	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40-		v		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u> </u>		
40	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here					
43		N/A		ш		
	and chief the amount of tax exempt interest received of accrace during the tax year	14 / 11				
			Yes	No		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of					
	Form 990-EZ	44a		Х		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead					
-	of Form 990-EZ	44b		Х		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х		
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation					
	in Schedule 0	44d				
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х		
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b				
_			~~ == 7	'0010\		

WASHINGTON SENIOR HIGH SCHOOL BOOSTER CLUB

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						,		Yes	No
	e organization engage, directly or indirectly, in political	. •			·		AC		Х
Part VI	"complete Schedule C, Part I Section 501(c)(3) Organizations On	lv					46		
	All section 501(c)(3) organizations must answe		nd 52, and	complete	e the tables for lines	s 50 and 51.			
	Check if the organization used Schedule O to	respond to any quest	ion in this F	Part VI			<u></u>		
						,		Yes	No
	e organization engage in lobbying activities or have a se	• •	-	-			47		X
	organization a school as described in section 170(b)(1)			=			48		X
	e organization make any transfers to an exempt non-ch	•					49a		X
	" was the related organization a section 527 organization ete this table for the organization's five highest comper				e truetage and key ar		49b	oived r	nore
	100,000 of compensation from the organization. If ther		man omcers	s, un color	s, irusiees, and key er	iipioyees) wiio ea	.011 160	eiveu i	1016
τηση φ	(a) Name and title of each employee		b) Average h	hours	(C) Reportable	(d) Health benefits	;, (e) Estim	ated
			er week devo	oted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amo	ount of	other
	NONE		position	1	,	plans, and deferred compensation	1 CO	mpens	ation
							+		
							+-		
							$+\!-$		
51 Comple	umber of other employees paid over \$100,000 ete this table for the organization's five highest comper zation. If there is none, enter "None." NONE	nsated independent contr		each rece	ived more than \$100,0	000 of compensat	ion fro	om the	
) Name and business address of each independent con	tractor		(b) Type of service	(c)	Compe	ensatio	1
	umber of other independent contractors each receiving				▶				
	e organization complete Schedule A? Note: All section		must attach	a		► □	ΧΥe		¬ ".
	eted Schedule A		an cohodulor	and etate	omante and to the har				No_
•	, and complete. Declaration of preparer (other than offi	, , ,	•		,		je anu	bellel,	11.15
		oci j is basca oii ali lillori	nation of wi	пон ргора	arci nas any knowicagi	<u> </u>			
Sign	Signature of officer					Date			
Here	CHARITY SMALL, TREASUF	RER							
	<u>, , , , , , , , , , , , , , , , , , , </u>	parer's signature		Date	Check	if PTIN			
Paid					self- emplo	yed			
raiu Preparer	LAURIE HANSON, CPA LA	URIE HANSON	, CPA	01/12		P00			
Use Only	Firm's name $ ightharpoonup EIDE BAILLY LLI$				Firm's EIN	▶ 45-02			
	Firm's address $\triangleright 200$ E. 10TH ST				Phone no.	605-33	<u> </u>	999	
	SIOUX FALLS, S		75						
May the IRS	discuss this return with the preparer shown above? Se	ee instructions				> [<u>Χ</u> Υε	es	No

Form **990-EZ** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

WASHINGTON SENIOR HIGH SCHOOL **Employer identification number** Name of the organization BOOSTER CLUB 23-7416991 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

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

Sec	Section A. Public Support							
Cale	ndar year (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.")	75,325.	92,135.	69,058.	66,393.	70,193.	373,104.	
2	Tax revenues levied for the organ-							
	ization'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	75,325.	92,135.	69,058.	66,393.	70,193.	373,104.	
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)							
	Public support. Subtract line 5 from line 4.						373,104.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	75,325.	92,135.	69,058.	66,393.	70,193.	373,104.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	7.	15.	37.	64.	17.	140.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	1,686.	650.	1,654.	155.		4,145.	
11	Total support. Add lines 7 through 10						377,389.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	50,412.	
13	First five years. If the Form 990 is for	-			-			
C	organization, check this box and stop	here					>	
	tion C. Computation of Public						00.06	
	Public support percentage for 2019 (li		•	* * * * * * * * * * * * * * * * * * * *		14	98.86 %	
	Public support percentage from 2018					15	98.95 %	
16a	33 1/3% support test - 2019. If the o	-					. 57	
	stop here. The organization qualifies a		•					
b	33 1/3% support test - 2018. If the o							
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test	_						
	and if the organization meets the "fact				=	-		
_	meets the "facts-and-circumstances" t							
b	10% -facts-and-circumstances test	ū				•		
	more, and if the organization meets th		•				,	
	organization meets the "facts-and-circ			•			>	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box ar	nd see instructions	<u></u>	

Schedule A (Form 990 or 990-EZ) 2019

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

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

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

Sec	ction A. Public Support	now, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	.,					,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(i) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Public					 	
	Public support percentage for 2019 (li	, (,,	,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an	-	-	•			
b	33 1/3% support tests - 2018. If the	•				•	. \square
00	line 18 is not more than 33 1/3%, chec		-	•		-	
Z U	Private foundation. If the organization	u dia not check a	DOX OR IDE 14 19	a or igo check fr	us nox and see ins	SITUCTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

Section A. All Supporting Organizations

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

		Yes	No
	4		
	1		
	2		
	3a		
	26		
	3b		
	3с		
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	4c		
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	5a		
	5b		
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Schedule A (Form 990 or 990-EZ) 2019 BOOSTER CLUB

23-7416991 Page 5

	rt IV Supporting Organizations (continued)			ige o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	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		
	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		
	tion 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	4		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	۵.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	ınization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 BOOSTER CLUB 23-7416991 Page 7

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	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. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result 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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 BOOSTER CLUB 23-741<u>6991 Page 8</u> 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. Part VI (See instructions.)

Public Disclosure Copy ** PUBLIC DISCLOSURE COPY **

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

WASHINGTON SENIOR HIGH SCHOOL

BOOSTER CLUB

Employer identification number

23-7416991

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	3
Name of organization	Employer identification number
WASHINGTON SENIOR HIGH SCHOOL	
BOOSTER CLUB	23-7416991

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$56,600.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	rume, address, and En 1 1	\$	Person Payroll Occash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization
WASHINGTON SENIOR HIGH SCHOOL
BOOSTER CLUB

Employer identification number
23-7416991

Partii	NOTICASTI Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Name of organization

WASHINGTON SENIOR HIGH SCHOOL

BOOSTER CLUB

Employer identification number

23-7416991

art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t	ns to organizations described in s hrough (e) and the following line er	section 501(c)(7), (8), or (10) that total more than \$1,000 for ntry. For organizations			
	completing Part III, enter the total of exclusively religious, ch	aritable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) > \$			
No.	Use duplicate copies of Part III if additional sp (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
rt I	,,					
_						
T	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
t I						
-						
		()=				
	(e) Transfer of gift					
F	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
F	(e) Transfer of gift					
			Polationship of transferor to transferoe			
	Transferee's name, address, and ZIP + 4		Helationship of transferor to transferee			
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
_	(a) Transfer of gift					
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

WASHINGTON SENIOR HIGH SCHOOL BOOSTER CLUB

Employer identification number 23-7416991

	3 7410991
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY:	
INVESTMENT INCOME	
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVEN	
INCOME:	
1. GROSS RECEIPTS	
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	775.
4. COST OF GOODS SOLD (LINE 13)	3,457.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	-2,682.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	3,457.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	3,457.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	3,457.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID	:
ACTIVITY CLASSIFICATION: VARIOUS STUDENT ORGANIZATIONS	
GRANTEE NAME: WASHINGTON SENIOR HIGH SCHOOL	
GRANTEE ADDRESS: 501 N SYCAMORE AVENUE SIOUX FALLS, SD 57110	
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O	(Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization WASHINGTON	SENIOR HIGH SCHOOL	Page 2 Employer identification number
BOOSTER CLU		23-7416991
GRANTEE RELATIONSHIP: NONE		
PROPERTY DESCRIPTION: CASH		
AMOUNT GIVEN:		32,746.
FORM 990-EZ, PART I, LINE 16	6, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSE	ES:	AMOUNT:
MISCELLANEOUS		856.
LIABILITY INSURANCE		803.
FUNDRAISING EXPENSES		519.
TOTAL TO FORM 990-EZ, LINE 3	16	2,178.
FORM 990-EZ, PART III, PRIMA	ARY EXEMPT PURPOSE - TO PROMOT	E THE ACADEMIC,
ARTISTIC AND PHYSICAL EXTRAC	CURRICULAR ACTIVITIES OF WASHI	NGTON SENIOR
HIGH SCHOOL.		
FORM 990-EZ, PART III, LINE	28, PROGRAM SERVICE ACCOMPLIS	HMENTS:
CREATE INTEREST IN AND ENTHU	USIASM FOR ACTIVITIES	
SANCTIONED BY THE WASHINGTON	N SENIOR HIGH SCHOOL DISTRICT,	
AND PROVIDE FINANCIAL AND VO	OLUNTEER SUPPORT FOR ALL	
SANCTIONED ACTIVITIES THROUGH	GH PROJECTS RECOMMENDED AND AP	PROVED BY THE
BOOSTER CLUB.		
FORM 990-EZ, PART V, INFORMA	ATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DU	URING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIT	UMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, I	DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL	L BENEFIT CONTRACT.	