

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: WASHINGTON STATE OPPORTUNITY SCHOLARSHIP FOUNDATION
D Employer identification number: 93-3293868
E Telephone number: 206-800-8025
G Gross receipts \$: 10,848,332.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number
I Tax-exempt status:
J Website: WAOPPORTUNITYSCHOLARSHIP.ORG
K Form of organization:
L Year of formation: 2023
M State of legal domicile: WA

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance checks, revenue breakdown, expense breakdown, and asset/liability totals.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: KIMBER CONNORS, EXECUTIVE DIRECTOR
Preparer's name: MEGAN R. RYAN
Preparer's signature: MEGAN R. RYAN
Date: 04/27/26
Firm's name: CLARK NUBER PS
Firm's address: 555 110TH AVE NE, SUITE 700, BELLEVUE, WA 98004

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TRANSFORM WASHINGTON STATE BY BUILDING PATHWAYS TO HIGH-DEMAND JOBS THAT STRENGTHEN OUR COMMUNITIES AND ECONOMY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 14,368,966. including grants of \$ 12,225,956. ) (Revenue \$ ) WASHINGTON STATE OPPORTUNITY SCHOLARSHIP FOUNDATION (FOUNDATION) BEGAN OPERATIONS IN 2024 TO SERVE AS THE PROGRAM ADMINISTRATOR FOR THE WASHINGTON STATE OPPORTUNITY SCHOLARSHIP PROGRAM (PROGRAM) BY PROVIDING FINANCE, TECHNOLOGY, AND HUMAN RESOURCE SERVICES. THE WSOS PROGRAM IS THE FIRST PUBLIC-PRIVATE SCHOLARSHIP PROGRAM DEDICATED TO BUILDING LASTING PATHWAYS TO POST-SECONDARY EDUCATION AND HIGH-DEMAND HEALTH CARE, STEM, AND TRADE CAREERS FOR ALL WASHINGTON STUDENTS. WE ACCELERATE EQUITABLE CHANGE FOR HISTORICALLY EXCLUDED STUDENTS AND INCREASE THE LOCAL TALENT POOL FOR WASHINGTON BUSINESSES. SEE SCHEDULE O.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 14,368,966.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | X   |    |
| 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>  |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 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?<br><i>If "Yes," complete Schedule D, Part IV</i>         |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   |     | X  |
| 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.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b 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? <i>If "Yes," complete Schedule D, Part VII</i>  |     | X  |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i>  |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part IX</i>   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| 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)? <i>If "Yes," complete Schedule D, Part X</i>  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | X   |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MELISSA LINDGREN O'KEEFE - 206-800-8025
1414 31ST AVENUE SOUTH, SUITE 302, SEATTLE, WA 98144

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) KIMBER CONNORS<br>EXECUTIVE DIRECTOR, WSOSF                 | 40.00   |   |                       | X       |              |                              |        | 66,061.   | 0.   | 7,309.  |
| (2) JOHNATHAN LUSTER<br>INTERIM EXECUTIVE DIRECTOR, WSOS        | 40.00   |   |                       | X       |              |                              |        | 63,738.   | 0.   | 5,257.  |
| (3) GARRY HOFFMAN<br>FINANCE DIRECTOR                           | 40.00   |   |                       | X       |              |                              |        | 21,515.   | 0.   | 2,075.  |
| (4) JESSICA PEET<br>BOARD PRESIDENT                             | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (5) JOLENTA COLEMAN-BUSH<br>SECRETARY                           | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (6) JAVANIA POLENSKA<br>BOARD MEMBER                            | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (7) GINA BREUKELMAN<br>BOARD MEMBER                             | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) JEANETTE MUNOZ-COLON<br>EXECUTIVE DIRECTOR, WSOS FROM 06/25 | 40.00   |   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (9) MELISSA LINDGREN O'KEEFE<br>COMPTROLLER FROM 05/25          | 40.00   |   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |
|   |   |   |                       |         |              |                              |        |   |  |   |



**Part VIII Statement of Revenue**

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

|  |   |  | (A)                  | (B)                                | (C)                        | (D)  |  |
|--|---|--|----------------------|------------------------------------|----------------------------|--|--|
|  |   |  | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>  | Federated campaigns .....  | <b>1a</b>            |                                    |                            |  |  |
|  | <b>b</b>  | Membership dues .....  | <b>1b</b>            |                                    |                            |  |  |
|  | <b>c</b>  | Fundraising events .....   | <b>1c</b>            | 287,500.                           |                            |  |  |
|  | <b>d</b>  | Related organizations .....  | <b>1d</b>            |                                    |                            |  |  |
|  | <b>e</b>  | Government grants (contributions) .....  | <b>1e</b>            | 6,180,438.                         |                            |  |  |
|  | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 1,208,643.                         |                            |  |  |
|  | <b>g</b>  | Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$                                 |                            |  |  |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f .....  |                      | 7,676,581.                         |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>  | _____  | <b>Business Code</b> |                                    |                            |  |  |
|  | <b>b</b>  | _____  |                      |                                    |                            |  |  |
|  | <b>c</b>  | _____  |                      |                                    |                            |  |  |
|  | <b>d</b>  | _____  |                      |                                    |                            |  |  |
|  | <b>e</b>  | _____  |                      |                                    |                            |  |  |
|  | <b>f</b>  | All other program service revenue .....  |                      |                                    |                            |  |  |
|  | <b>g</b>  | <b>Total.</b> Add lines 2a-2f .....  |                      |                                    |                            |  |  |
| Other Revenue  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts) ..... |                      | 104,109.                           |                            | 104,109.   |  |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds .....                           |                      |                                    |                            |  |  |
|  | <b>5</b>  | Royalties .....  |                      |                                    |                            |  |  |
|  | <b>6 a</b>  | Gross rents .....  | <b>6a</b>            | (i) Real                           |                            |  |  |
|  |   |  |                      | (ii) Personal                      |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
|  | <b>b</b>  | Less: rental expenses ...  | <b>6b</b>            |                                    |                            |  |  |
|  | <b>c</b>  | Rental income or (loss)  | <b>6c</b>            |                                    |                            |  |  |
|  | <b>d</b>  | Net rental income or (loss) .....  |                      |                                    |                            |  |  |
|  | <b>7 a</b>  | Gross amount from sales of assets other than inventory .....                       | <b>7a</b>            | (i) Securities                     |                            |  |  |
|  |   |  |                      | (ii) Other                         |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
|  | <b>b</b>  | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            | 2,286,622.                         |                            |  |  |
|  | <b>c</b>  | Gain or (loss) .....   | <b>7c</b>            | 742,761.                           |                            |  |  |
|  | <b>d</b>  | Net gain or (loss) .....   |                      | 742,761.                           |                            | 742,761.   |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ 287,500. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>  |                      |                                    |                            |  |  |
|  |   |  | 37,500.              |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....   | <b>8b</b>  | 117,980.             |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events .....  |  | -80,480.             |                                    | -80,480.                   |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....   | <b>9a</b>  |                      |                                    |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....   | <b>9b</b>  |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities .....   |  |                      |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....   | <b>10a</b>   |                      |                                    |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
|  |   |  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold .....  | <b>10b</b>   |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory .....  |  |                      |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>   | REFUNDS  | <b>Business Code</b> | 900099                             | 759.                       | 759.   |  |
|  | <b>b</b>  | _____  |                      |                                    |                            |  |  |
|  | <b>c</b>  | _____  |                      |                                    |                            |  |  |
|  | <b>d</b>  | All other revenue .....  |                      |                                    |                            |  |  |
|  | <b>e</b>  | <b>Total.</b> Add lines 11a-11d .....  |                      | 759.                               |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....  |  | 8,443,730.           | 0.                                 | 0.                         | 767,149.   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 111,900.              | 111,900.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   | 12,114,056.           | 12,114,056.                     |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....  | 449,287.              | 236,039.                        | 132,581.                               | 80,667.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....  | 2,415,998.            | 1,258,935.                      | 726,817.                               | 430,246.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 84,391.               | 46,141.                         | 22,481.                                | 15,769.                     |
| <b>9</b> Other employee benefits .....   | 388,825.              | 225,196.                        | 86,668.                                | 76,961.                     |
| <b>10</b> Payroll taxes .....  | 230,614.              | 126,013.                        | 61,536.                                | 43,065.                     |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management .....  |                       |                                 |  |                             |
| <b>b</b> Legal .....   | 28,029.               | 9,195.                          | 16,831.                                | 2,003.                      |
| <b>c</b> Accounting .....  | 82,200.               | 12,726.                         | 66,701.                                | 2,773.                      |
| <b>d</b> Lobbying .....  | 39,999.               | 13,122.                         | 24,018.                                | 2,859.                      |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....  | 28,606.               |                                 | 28,606.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  | 295,043.              | 72,074.                         | 200,194.                               | 22,775.                     |
| <b>12</b> Advertising and promotion .....  | 76,299.               | 26,574.                         | 25,660.                                | 24,065.                     |
| <b>13</b> Office expenses .....  | 92,045.               | 31,494.                         | 32,030.                                | 28,521.                     |
| <b>14</b> Information technology .....   | 216,035.              | 53,231.                         | 127,611.                               | 35,193.                     |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  |                       |                                 |  |                             |
| <b>17</b> Travel .....   | 34,802.               | 11,897.                         | 12,132.                                | 10,773.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   | 5,203.                | 5,203.                          |  |                             |
| <b>20</b> Interest .....   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....  | 18,546.               | 3,660.                          | 11,572.                                | 3,314.                      |
| <b>23</b> Insurance .....  | 65,138.               | 4,387.                          | 56,778.                                | 3,973.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |  |                             |
| <b>a</b> DUES & SUBSCRIPTIONS  | 29,071.               | 2,851.                          | 23,638.                                | 2,582.                      |
| <b>b</b> RECRUITMENT   | 20,000.               | 1,961.                          | 16,263.                                | 1,776.                      |
| <b>c</b> B&O TAX   | 11,111.               | 1,090.                          | 9,034.                                 | 987.                        |
| <b>d</b> DONOR APPRECIATION  | 7,445.                | 730.                            | 6,054.                                 | 661.                        |
| <b>e</b> All other expenses  | 5,002.                | 491.                            | 4,067.                                 | 444.                        |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 16,849,645.           | 14,368,966.                     | 1,691,272.                             | 789,407.                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |              | (B)<br>End of year |
|---|--|--------------------------|--------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 68,269.                  | <b>1</b>     | 3,812,524.         |
|   | <b>2</b> Savings and temporary cash investments .....  | 0.                       | <b>2</b>     | 1,794,848.         |
|   | <b>3</b> Pledges and grants receivable, net .....  | 0.                       | <b>3</b>     | 11,743,577.        |
|   | <b>4</b> Accounts receivable, net .....  | 0.                       | <b>4</b>     | 375,847.           |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>     |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>     |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>     |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>     |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 23,245.                  | <b>9</b>     | 164,794.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 131,294.      |              |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 84,059.       | 10,290.      | <b>10c</b> 47,235. |
|   | <b>11</b> Investments - publicly traded securities .....   | 0.                       | <b>11</b>    | 103,837,319.       |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>    |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>    |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>    |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 0.                       | <b>15</b>    | 40,531.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 101,804.   | <b>16</b>                | 121,816,675. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 116,667.                 | <b>17</b>    | 402,987.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>    |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>    |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>    |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>    |                    |
|   | <b>22</b> Loans and other 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 .....     |                          | <b>22</b>    |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>    |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>    |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 0.                       | <b>25</b>    | 42,176.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 116,667.                 | <b>26</b>    | 445,163.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |              |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | -14,863.                 | <b>27</b>    | 103,013.           |
|   | <b>28</b> Net assets with donor restrictions .....   | 0.                       | <b>28</b>    | 121,268,499.       |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |              |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>    |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>    |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>    |                    |
|   | <b>32</b> Total net assets or fund balances .....  | -14,863.                 | <b>32</b>    | 121,371,512.       |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 101,804.                 | <b>33</b>    | 121,816,675.       |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 8,443,730.   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 16,849,645.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -8,405,915.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | -14,863.     |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 5,964,043.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |              |
| <b>7</b>  | Investment expenses  | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 123,828,247. |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 121,371,512. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** 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
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>2a</b> |     | X  |
|           |     |    |
| <b>2b</b> | X   |    |
|           |     |    |
| <b>2c</b> | X   |    |
|           |     |    |
| <b>3a</b> |     | X  |
|           |     |    |
| <b>3b</b> |     |    |



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.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [ ]
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [ ]
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization [ ]
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization [ ]
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [ ]

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.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> 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? <i>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.</i>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |
| <b>a</b> 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? <i>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.</i> |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |
| <b>a</b> 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>If "Yes" or "No," provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |
| <b>2a</b>   |  |  |
| <b>2b</b>   |  |  |
| <b>3a</b>   |  |  |
| <b>3b</b>   |  |  |

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

1  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.

| Section 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                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section 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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions (describe in <b>Part VI</b> ). See instructions.  | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2024 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2024</b> | <b>(iii)<br/>Distributable<br/>Amount for 2024</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2024 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2024   |                                     |   |  |
| <b>a</b> From 2019   |                                     |   |  |
| <b>b</b> From 2020   |                                     |   |  |
| <b>c</b> From 2021   |                                     |   |  |
| <b>d</b> From 2022   |                                     |   |  |
| <b>e</b> From 2023   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to under distributions of prior years   |                                     |   |  |
| <b>h</b> Applied to 2024 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2019 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2024 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2024 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2020  |                                     |   |  |
| <b>b</b> Excess from 2021  |                                     |   |  |
| <b>c</b> Excess from 2022  |                                     |   |  |
| <b>d</b> Excess from 2023  |                                     |   |  |
| <b>e</b> Excess from 2024  |                                     |   |  |



**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

|  |  |
|--|--|
| Name of the organization<br>WASHINGTON STATE OPPORTUNITY SCHOLARSHIP<br>FOUNDATION | Employer identification number<br>93-3293868 |
|--|--|

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) 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), 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).

|  |   |
|--|---|
| Name of organization<br>WASHINGTON STATE OPPORTUNITY SCHOLARSHIP<br>FOUNDATION | <b>Employer identification number</b><br>93-3293868 |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 6,179,838.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 511,749.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 142,475.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 125,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 123,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 100,243.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br>WASHINGTON STATE OPPORTUNITY SCHOLARSHIP<br>FOUNDATION | <b>Employer identification number</b><br>93-3293868 |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | _____<br>_____<br>_____           | \$ _____ 55,245.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | _____<br>_____<br>_____           | \$ _____ 34,269.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | _____<br>_____<br>_____           | \$ _____ 25,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | _____<br>_____<br>_____           | \$ _____ 22,328.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | _____<br>_____<br>_____           | \$ _____ 15,116.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | _____<br>_____<br>_____           | \$ _____ 15,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br>WASHINGTON STATE OPPORTUNITY SCHOLARSHIP<br>FOUNDATION | <b>Employer identification number</b><br><br>93-3293868 |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         | _____<br>_____<br>_____           | \$ _____ 12,500.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | _____<br>_____<br>_____           | \$ _____ 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | _____<br>_____<br>_____           | \$ _____ 10,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | _____<br>_____<br>_____           | \$ _____ 5,132.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | _____<br>_____<br>_____           | \$ _____ 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | _____<br>_____<br>_____           | \$ _____ 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br>WASHINGTON STATE OPPORTUNITY SCHOLARSHIP<br>FOUNDATION | <b>Employer identification number</b><br>93-3293868 |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         | _____<br>_____<br>_____           | \$ _____ 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | _____<br>_____<br>_____           | \$ _____ 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | _____<br>_____<br>_____           | \$ _____ 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | _____<br>_____<br>_____           | \$ _____ 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | _____<br>_____<br>_____           | \$ _____ 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | _____<br>_____<br>_____           | \$ _____ 5,000.            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br>WASHINGTON STATE OPPORTUNITY SCHOLARSHIP<br>FOUNDATION | Employer identification number<br>93-3293868 |
|--|--|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|  |  |
|--|--|
| Name of organization<br>WASHINGTON STATE OPPORTUNITY SCHOLARSHIP<br>FOUNDATION | Employer identification number<br>93-3293868 |
|--|--|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |  |
|--|--|
| Name of organization<br>WASHINGTON STATE OPPORTUNITY SCHOLARSHIP<br>FOUNDATION | Employer identification number (EIN)<br>93-3293868 |
|--|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                   | (b) Affiliated group totals             |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|---|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | IF the amount on line 1e, column (a) or (b), is:   | THEN the lobbying nontaxable amount is: | not over \$500,000 | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000 | \$1,000,000. |  |  |
| IF the amount on line 1e, column (a) or (b), is:  | THEN the lobbying nontaxable amount is:            |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| not over \$500,000  | 20% of the amount on line 1e.                      |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| over \$17,000,000   | \$1,000,000.                                       |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....  | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No             |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid): 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1B - EXTERNAL AFFAIRS DIRECTOR SPENDS 20% OF THEIR TIME ADVANCING

OUR STATE LEGISLATION PRIORITIES AS IT RELATES TO OUR STATE STATUTE.

LINE 1G - PAID CONSULTANT TO LOBBY ON OUR BEHALF TO ADVANCE THE

ORGANIZATION'S INTERESTS AS IT RELATES TO THEIR STATE STATUTE.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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 [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **WASHINGTON STATE OPPORTUNITY SCHOLARSHIP  
FOUNDATION**

Employer identification number  
**93-3293868**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year .....   |                              |                              |
| 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a .....   | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |   |

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) OPERATING LEASE LIABILITY   | 38,372.        |
| (3) FINANCING LEASE LIABILITY   | 3,804.         |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 42,176.        |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |                       |           |            |
|----------|--|-----------------------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |                       | <b>1</b>  | 8,026,651. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |                       |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> 5,964,043.  |           |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b>             |           |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b>             |           |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> -6,470,496. |           |            |
| <b>e</b> | Add lines 2a through 2d  |                       | <b>2e</b> | -506,453.  |
| <b>3</b> | Subtract line 2e from line 1   |                       | <b>3</b>  | 8,533,104. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |                       |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> 28,606.     |           |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> -117,980.   |           |            |
| <b>c</b> | Add lines 4a and 4b  |                       | <b>4c</b> | -89,374.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |                       | <b>5</b>  | 8,443,730. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |                    |           |             |
|----------|---|--------------------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |                    | <b>1</b>  | 16,939,019. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |                    |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b>          |           |             |
| <b>b</b> | Prior year adjustments  | <b>2b</b>          |           |             |
| <b>c</b> | Other losses  | <b>2c</b>          |           |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> 117,980. |           |             |
| <b>e</b> | Add lines 2a through 2d   |                    | <b>2e</b> | 117,980.    |
| <b>3</b> | Subtract line 2e from line 1  |                    | <b>3</b>  | 16,821,039. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |                    |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> 28,606.  |           |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b>          |           |             |
| <b>c</b> | Add lines 4a and 4b   |                    | <b>4c</b> | 28,606.     |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |                    | <b>5</b>  | 16,849,645. |

**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. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

|   |             |
|---|-------------|
| REFUND OF PRIOR PROGRAM ADMINISTRATION GRANT                | 39,162.     |
| WRITE-OFF OF PRIOR YEAR PLEDGE REPORTED ON PART XI          | -6,222,995. |
| ACCRETION OF PLEDGE RECEIVABLE DISCOUNT REPORTED ON PART XI | -286,663.   |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D                       | -6,470,496. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

|   |           |
|---|-----------|
| FUNDRAISING EVENT EXPENSE REPORTED ON PART VIII | -117,980. |
|---|-----------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|   |          |
|---|----------|
| FUNDRAISING EVENT EXPENSE REPORTED ON PART VIII | 117,980. |
|---|----------|





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events | (d) Total events                |
|-----------------|--|---|--------------|------------------|---------------------------------|
|                 |  | 0-TALKS LUNCHEON  |              | NONE             |                                 |
|                 |  | (event type)  | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | 1  | Gross receipts  | 325,000.     |                  | 325,000.                        |
|                 | 2  | Less: Contributions   | 287,500.     |                  | 287,500.                        |
|                 | 3  | Gross income (line 1 minus line 2)                          | 37,500.      |                  | 37,500.                         |
| Direct Expenses | 4  | Cash prizes   |              |                  |                                 |
|                 | 5  | Noncash prizes  |              |                  |                                 |
|                 | 6  | Rent/facility costs   | 21,686.      |                  | 21,686.                         |
|                 | 7  | Food and beverages  | 37,500.      |                  | 37,500.                         |
|                 | 8  | Entertainment   | 57,013.      |                  | 57,013.                         |
|                 | 9  | Other direct expenses                                       | 1,781.       |                  | 1,781.                          |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |              |                  | 117,980.                        |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |              | -80,480.         |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo             | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |
|-----------------|--|-----------------------|---|---|---|
|                 |  | 1                     | Gross revenue   |   |   |
| Direct Expenses | 2  | Cash prizes           |   |   |   |
|                 | 3  | Noncash prizes        |   |   |   |
|                 | 4  | Rent/facility costs   |   |   |   |
|                 | 5  | Other direct expenses |   |   |   |
|                 | 6  | Volunteer labor       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |                       |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |                       |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **WASHINGTON STATE OPPORTUNITY SCHOLARSHIP  
FOUNDATION**

**Employer identification number**  
93-3293868

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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.

| <b>1 (a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance   |
|---|----------------|--|---------------------------------|---|--|--|---|
| ASTRIA TOPPENISH HOSPITAL<br>1016 TACOMA AVE<br>SUNNYSIDE, WA 98944                       | 81-4670687     | 501(C)(3)                              | 5,400.                          | 0.                                      |  |  | SUPPORT FOR MENTORING AND SUPERVISING NURSING STUDENTS DURING CLINICAL ROTATIONS. |
| CONFLUENCE HEALTH<br>1201 S MILLER ST<br>WENATCHEE, WA 98801                              | 91-0171250     | 501(C)(3)                              | 19,200.                         | 0.                                      |  |  | SUPPORT FOR MENTORING AND SUPERVISING NURSING STUDENTS DURING CLINICAL ROTATIONS. |
| DISCOVER RECOVERY<br>800 WASHINGTON AVE N<br>LONG BEACH, WA 98631                         | 82-4061816     |  | 5,400.                          | 0.                                      |  |  | SUPPORT FOR MENTORING AND SUPERVISING NURSING STUDENTS DURING CLINICAL ROTATIONS. |
| FRANCISCAN MEDICAL CLINIC -<br>SPANAWAY - 1145 BROADWAY, SUITE<br>1200 - TACOMA, WA 98402 | 91-1939739     | 501(C)(3)                              | 6,600.                          | 0.                                      |  |  | SUPPORT FOR MENTORING AND SUPERVISING NURSING STUDENTS DURING CLINICAL ROTATIONS. |
| KAISER PERMANENTE<br>601 UNION ST, SUITE 3100<br>SEATTLE, WA 98101-1374                   | 91-0511770     | 501(C)(3)                              | 7,200.                          | 0.                                      |  |  | SUPPORT FOR MENTORING AND SUPERVISING NURSING STUDENTS DURING CLINICAL ROTATIONS. |
| MINDSET TACOMA, LLC<br>950 PACIFIC AVE, SUITE 525<br>TACOMA, WA 98402                     | 93-4751974     |  | 5,400.                          | 0.                                      |  |  | SUPPORT FOR MENTORING AND SUPERVISING NURSING STUDENTS DURING CLINICAL ROTATIONS. |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.
- 3** Enter total number of other organizations listed in the line 1 table 5.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) (Rev. 12-2024)**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| NACHES MEDICAL CLINIC<br>102 E 2ND ST<br>NACHES, WA 98937-9743           | 57-1140982 | 501(C)(3)                     | 7,200.                   | 0.                               |   |  | FINANCIAL INCENTIVE FOR MENTORING AND SUPERVISING NURSING STUDENTS DURING CLINICAL ROTATIONS |
| NORTHWEST MIND AND BODY PLLC<br>PO BOX 48747<br>SPOKANE, WA 99228        | 93-2561748 |                               | 5,400.                   | 0.                               |   |  | SUPPORT FOR MENTORING AND SUPERVISING NURSING STUDENTS DURING CLINICAL ROTATIONS.            |
| OASIS BEHAVIORAL HEALTH<br>75604 EAST REATA RD<br>KENNEWICK, WA 99338    | 88-4104932 |                               | 5,400.                   | 0.                               |   |  | FINANCIAL INCENTIVE FOR MENTORING AND SUPERVISING NURSING STUDENTS DURING CLINICAL ROTATIONS |
| TRUE HOPE PSYCHIATRIC SERVICES LLC<br>20125 34TH ST<br>EVERETT, WA 98201 | 27-1489882 |                               | 12,600.                  | 0.                               |   |  | SUPPORT FOR MENTORING AND SUPERVISING NURSING STUDENTS DURING CLINICAL ROTATIONS.            |
|  |            |                               |                          |                                  |   |  |  |
|  |            |                               |                          |                                  |   |  |  |
|  |            |                               |                          |                                  |   |  |  |
|  |            |                               |                          |                                  |   |  |  |
|  |            |                               |                          |                                  |   |  |  |
|  |            |                               |                          |                                  |   |  |  |
|  |            |                               |                          |                                  |   |  |  |

**Part III 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) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance  |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS                    | 5175                     | 0.                       | 11,748,435.                       | COST  | FUNDS DISTRIBUTED DIRECTLY TO EDUCATIONAL INSTITUTIONS ON BEHALF OF STUDENTS |
| STIPENDS                        | 146                      | 365,621.                 | 0.                                |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MAINTAINS WRITTEN POLICIES AND PROCEDURES GOVERNING GRANTEE RECORDS RETENTION, ELIGIBILITY DETERMINATION, AND SELECTION PROCESSES ACROSS ALL FORMS OF ASSISTANCE, INCLUDING SCHOLARSHIPS, STIPENDS, AND GRANTS TO HEALTHCARE PROVIDERS. GRANTEE RECORDS ARE MAINTAINED IN ACCORDANCE WITH APPLICABLE LEGAL AND REGULATORY REQUIREMENTS AND INCLUDE DOCUMENTATION SUPPORTING ELIGIBILITY, APPLICATION REVIEW, APPROVAL, AND PAYMENT. ELIGIBILITY CRITERIA AND SELECTION PROCESSES VARY BY PROGRAM BUT ARE BASED ON OBJECTIVE, PREESTABLISHED GUIDELINES ALIGNED WITH PROGRAM PURPOSE. APPLICATIONS ARE REVIEWED BY STAFF USING DOCUMENTED CRITERIA, WITH APPROPRIATE OVERSIGHT TO ENSURE CONSISTENCY, FAIRNESS, AND COMPLIANCE.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | WASHINGTON STATE OPPORTUNITY SCHOLARSHIP<br>FOUNDATION | Employer identification number | 93-3293868 |
|--------------------------|--|--------------------------------|------------|

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
COMMUNITIES AND ECONOMY.

FORM 990, PART I, LINE 6:

THE ORGANIZATION KEEPS DETAILED RECORDS OF VOLUNTEERS WHO SERVE AS MENTORS AND ESSAY REVIEWERS. THE ORGANIZATION TRACKS BOTH UNIQUE VOLUNTEER COUNT AND TOTAL NUMBER OF VOLUNTEER OPPORTUNITIES COMPLETED FOR THE YEAR SINCE SOME PEOPLE COMPLETE MULTIPLE OPPORTUNITIES. THE APPROXIMATE NUMBER OF HOURS SERVED IS 6,300. VOLUNTEER MENTORS MEET WITH SCHOLARS DIRECTLY TO PROVIDE GUIDANCE ON THEIR CAREER PATH, INCLUDING FEEDBACK ON RESUMES, PREP FOR INTERVIEWS, AND HELP WITH NETWORKING. VOLUNTEER ESSAY REVIEWERS HELP SCORE ESSAYS FROM SCHOLARSHIP APPLICANTS BASED ON TRAINING AND A RUBRIC PROVIDED BY WSOS STAFF. VOLUNTEERS WHO SUPPORT OUR CAREER DEVELOPMENT PROGRAMMING TYPICALLY SERVE AS CAREER PANELISTS AND/OR GIVE A TOUR OF THEIR COMPANY AND SHARE INFORMATION ABOUT APPLYING FOR INTERNSHIPS AND EARLY CAREER OPPORTUNITIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

AS OF SEPTEMBER 1, 2024, THE FOUNDATION BECAME THE ADMINISTRATOR OF THE WASHINGTON STATE OPPORTUNITY SCHOLARSHIP PROGRAM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN THE ACADEMIC YEAR 24-25, WE SERVED OVER 5,600 SCHOLARSHIPS STATEWIDE INCLUDING SCHOLAR REPRESENTATION ACROSS EVERY LEGISLATIVE DISTRICT AND COUNTY IN THE STATE. TO DATE, THE WSOS PROGRAM HAS OVER 12,500 GRADUATES WORKING IN HIGH-DEMAND FIELDS LIKE HEALTHCARE, ENGINEERING, AND TRADES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS OF WASHINGTON STATE OPPORTUNITY SCHOLARSHIP SHALL MAKE AN INITIAL APPOINTMENT OF DIRECTORS AND WILL CONTINUE TO APPOINT REPLACEMENT DIRECTORS UPON EXPIRATION OF THE TERMS.

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT WILL SHARE THE 990 WITH THE GOVERNING BOARD. THE GOVERNING BOARD WILL REVIEW THE 990 AND THE REPORTED NUMBERS. THE WSOSF BOARD PRESIDENT WILL REVIEW AND PROVIDE APPROVAL PRIOR TO THE FORM 990 BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY APPLIES TO ANY INDIVIDUAL ACTING AS A DIRECTOR, OFFICER, CONSULTANT, AGENT OR EMPLOYEE OF A SUPPLIER, CUSTOMER, COMPETITOR OR OTHER BUSINESS ENTITY THAT ENGAGES IN BUSINESS WITH WSOS. DETERMINATIONS OF CONFLICT ARE MADE BY SUPERVISORS AND HR. HR AND MANAGEMENT REVIEW AND DOCUMENT CONFLICTS OF INTEREST AND EMPLOYEES WILL NOT BE PART OF THE DECISION-MAKING PROCESS FOR ACTIONS WHERE A CONFLICT OF INTEREST IS DEEMED TO EXIST.

FORM 990, PART VI, SECTION B, LINE 15:

THE WSOSF BOARD OF DIRECTORS HOLD AUTHORITY OVER STAFF COMPENSATION INCLUDING THE ED AND THE DIRECTOR OF FINANCE AS PART OF THE ANNUAL

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

Schedule O (Form 990) (Rev. 12-2024)

