Form **990** 

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2018

Dep	partment of ti	he Treasury	► Do not enter socia ► Go to www.irs.	al security numbers gov/Form990 for ins		-	-	° 1906	Open to Public Inspection
A			ndar year, or tax year beginning			nd ending			, 20 19
B	Check if a		C Name of organization SWATC Fo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		34,		dentification number
Ō	Address c		Doing business as Southwest T						6-1233025
릵	Name cha	Ť	Number and street (or P O box if m		reet address)	Room/suite	9	E Telephone r	
亩	Initial retui		757 West 800 South					•	35-586-2899
Ħ	Final return		City or town, state or province, cou	ntry, and ZIP or foreign	nostal code				33-300-2033
H	Amended		Cedar City, UT 84720	my, and an or lovely.	poota. 0000			G Gross recei	pts \$ 513.027
H				ior.			I I (a) la thia a a		
Application pending F Name and address of principal officer  H(a) Is this a group return for subordinates?  H(b) Are all subordinates included?									
			[] = 1		□ .a				t (see instructions)
<u></u>	Tax-exem		✓ 501(c)(3)	( ) ◀ (insert no )	4947(a)(1) or	<u></u>	┥		
<u>.</u> _	Website:		s://stech.edu/foundation		1 1		<del></del>	exemption nur	
<u>`</u>		•	Corporation Trust Associ	ation	/ L Yea	r of formation	n 2012	M State of I	legal domicile UT
	art I	Summa	<del></del>		/ 	The second	-:£Al		
d)		-	scribe the organization's miss	<del>-</del>					is to conduct
ĕ	<u> </u>	undraising	g programs which will support	the educational pur	poses of South	west Tech	nical Collec	ge.	
E	-	N l . al .					11	0504 - 614-	
Š			s box ▶☐ if the organization			•		1 1	net assets.
Ğ			of voting members of the gove					3	8
80			of independent voting member			-		4	5
įŧį			ber of individuals employed i	-	18 (Part V, line	2a) .		5	0
Activities & Governance			ber of volunteers (estimate if	• •				6	0
ď	1		elated business revenue from					7a	0
_	<u> b N</u>	let unrela	ated business taxable income	from Form 990-T,	line 38	· · ·	<u></u>	7b	0
	l			I RF	CEIVED	-	Prior Ye	ar	Current Year
ē			ions and grants (Part VIII, line		SEINFD	$\cdot$ $\downarrow$ $\vdash$		208,404	513,027
Revenue			service revenue (Part VIII, line			701. L			
ě			nt income (Part VIII, column (A			181· L			
_	11 (	Other reve	enue (Part VIII, column (A), Iın	es 5, 6d, 8c, 9c, 10	c, and 11e) .	J.  L			
			nue-add lines 8 through 11 (i			<b>(£</b> 12)		208,404	513,027
	13 (	Grants and	d similar amounts paid (Part	IX, column (A), line	RETAN DI.	-1 - ∟		25,392	547,197
			oald to or for members (Part I)			7 . ∟			
es	15 8	Salaries, of	ther compensation, employee	benefits (Part IX, co	lumn (A), lines 5	5–10)			
Expenses	16a F	Profession	nal fundraising fees (Part IX, o	column (A), line 11	e)			48,000	48,000
ă	b T		Iraisıng expenses (Part IX, co					<u> </u>	
ш	17 (	Other exp	enses (Part IX, column (A), Iır	es 11a-11d, 11f-2	4e)	· ·		12,252	2 <u>5,064</u>
			enses. Add lines 13–17 (must		ımn (A), lıne 25)	) . [_		85,644	620,261
		<u>Revenue l</u>	ess expenses. Subtract line 1	18 from line 12 .				122,760	(107,234)
Net Assets or Fund Balances						Ве	ginning of Cu	rrent Year	End of Year
sets	20 T	otal asse	ets (Part X, line 16)			· ·  _		253,492	681,765
Z E	21 T	otal liabil	lities (Part X, line 26)					32,542	568,049
			s or fund balances. Subtract l	ine 21 from line 20	· · · ·	<u> </u>		220,950	113,716
P	art II	Şignatı	ure Block					<del> </del>	
			y, I declare that I have examined this te Declaration of preparer (other than						knowledge and belief, it is
		2	Che i Y ita	11. Va				1. /	12/19
Sic	, n	T Signat	ture of officer	winam			L Dat		3///
Sign T Signature of Officer Date / Here Tanet L. Callinam									
		Type	or print name and title	[11]					
		<del>'</del>	e preparer's name	Preparer's signature		Date		<del></del>	PTIN
Pa		· · · · · · · · · · · · · · · · · · ·	o proparor a name	Treparer a signature		Date	•	Check	if
	eparer	<u> </u>		L			Γ_	self-employe	eu
Us	e Only	Firm's nar						's EIN ▶	
N / -		Firm's add		- L			Phor	ne no	
_			this return with the preparer		e instructions)	<u> </u>	<u> </u>	· · · ·	Yes No
-05	Hananua	ar Dad a		to inotructions		C-L N-	11282V		Form MMI I (2018)

FOITH 98	rage <b>Z</b>
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Southwest Tech Foundation supports the growth and development of Southwest Technical College by generating financial resources
	that will benefit the development of Southwest Technical College, its programs and students.
2	Did the organization undertake any significant program services during the year which were not listed on the
4	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(Code: N/A ) (Expenses \$ 620,188 including grants of \$ 547,197 ) (Revenue \$ 513,027 )
	Southwest Tech Foundation contributed \$47,197 to Southwest Technical College for student scholarships in fiscal year 2018-2019.
	The funds used for these scholarships came from 14 different donors and were awarded to students studying, health professions,
	Welding, Automotive Technology, Industrial Maintenance, Computer Science, Business Administration and Digital Design.
	Southwest Tech Foundation also contributed \$500,000 to Southwest Technical College for the renovation of its Business and Trades
	building. These funds came from two donors.
	•
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Not Applicable. No additional program servicers during fiscal year 2019.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Not Applicable. No additional program servicers during fiscal year 2019.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses

Part	V 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)? If "Yes,"		,	
2	complete Schedule A	2	<b>✓</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>✓</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>√</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>✓</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	✓	<u> </u>
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>✓</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	·	<b>✓</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
<u>-                                    </u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓_	
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Part	Checklist of nequired schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	ļ 	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓_
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	· ·	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		res	NO
c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	10	_/	. 4

all	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		┪──
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>V</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<del></del>
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>  •</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<del>                                     </del>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>/</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			•
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>7</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		✓
э a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>√</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		7
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	- 1		
_	the organization is licensed to issue qualified health plans			
C 42	Enter the amount of reserves on hand	11-		<u> </u>
4a b		14a 14b		<u> </u>
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
-	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<b>✓</b>
	If "Yes," complete Form 4720, Schedule O			!
		Form	990	(2018)

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7h helow	and		"No
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in So				
	Check if Schedule O contains a response or note to any line in this Part VI				. 🔽
Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			,	
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar		_		
	committee, explain in Schedule O.		1		. '
b	Enter the number of voting members included in line 1a, above, who are independent	5		٠,	·
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationary other officer, director, trustee, or key employee?		2		1
3 	Did the organization delegate control over management duties customarily performed by or under _supervision of officers, directors, or trustees, or key employees to a management company or other personal trustees.		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		<b>/</b>
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets? .	5		<b>V</b>
6	Did the organization have members or stockholders?		6		<b>-</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by)		76		
_	stockholders, or persons other than the governing body?	1	7b		<b>V</b>
8	Did the organization contemporaneously document the meetings held or written actions undertal the year by the following:	ken auring	,		-
а	The governing body?		8a	<b> </b>	
b	Each committee with authority to act on behalf of the governing body?		8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be			,	
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  on B. Policies (This Section B requests information about policies not required by the Inte		9	<b>√</b>	
Secu	on B. Policies (This Section B requests information about policies not required by the line	illai neveli	ue Ci	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters.			·
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling	ig the form?	11a		<b>\</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ľ		<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<b>✓</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	ŀ	12b	✓_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy	? If "Yes,"	12c		
12	describe in Schedule O how this was done		13	<u> </u>	1
13 14	Did the organization have a written document retention and destruction policy?		14		<b>V</b>
15	Did the process for determining compensation of the following persons include a review and a	oproval by		,	<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and				
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization	[	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		•		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar and	rangement			لــِـــ
	with a taxable entity during the year?		16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e participation in joint venture arrangements under applicable federal tax law, and take steps to safe	eguard the		<u>'</u>	·,
	organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure	<del></del>			
17	List the states with which a copy of this Form 990 is required to be filed ▶ UTAH				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990		(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app	-			
10	Own website Another's website Upon request Other (explain in Schedule Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	•	reet.	a char	, and
19	financial statements available to the public during the tax year.	ornior or inte	i est	Julicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and rec	ords	<b>&gt;</b>	
•	Brennan Wood, 757 West 800 South, Cedr City, UT 84720 Telephone: 435-586-2899				

Form	ggn	(201	R١
COZIII	330	1201	O1

	·			
Part VII	Compensation of Officers, Directors	rustees, Key Employee	s, Highest Compensated Employees, a	nd
	Independent Contractors			

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(C)										
(A)	(B)	(B) Position					(D)	(E)	( <del>F</del> )	
Name and Title Ave						than one than the stant of the		Reportable	Reportable	Estimated
/ <b>Lance Sing</b> 1 miles	hours per	office	er and			or/trus		compensation	compensation from	amount of
	week (list any hours for	Individual trustee or director	5	Q	٣	9.∓	75	from the	related organizations	other compensation
	related	함	葦	Officer	y e	등등	Former	organization	(W-2/1099-MISC)	from the
	organizations	S E	ğ		Key employee	ye c	٦	(W-2/1099-MISC)		organization and related
	below dotted line)	ੋ ੜ੍ਹ	altr		) Ye	ğ				organizations
	,	i tee	Institutional trustee		"	Highest compensated employee				
			ř		L	ated				
(1) Druge Humber										
(1) Bruce Hughes	!			/				0	,	^
Secretary and Board Member	1			<b>  •</b>		<del>                                     </del>		ļ		
(2) Janet Calliham				1				0	0	0
Board Chair	1		$\vdash$	┞ <b>*</b>	-	-	_	<del>                                     </del>		
(3) Liz Biller	- <del> </del> -			1				٥	o	0
Treasurer and Board Member	1		-	Ť			┢	· · · · · ·		
(4) Ree Zaphiropoulos	- <del> </del>							0	o	o
Board Member		<u> </u>	_							
(5) Brennan Wood									440.070	0
Board Member and Registered Agent	40	<u> </u>	•					0	142,076	
(6) James Mullenaux								1	00.004	0
Board Member	40		$\vdash$			_	-	0	66,091	
(7) Neal Mason									50.000	0
Board Member	40		-	┝	-		├	0	50,298	
(8) Susan Durfee	11						l			0
Board Member			-	-				0	. 0	
(9)										
(10)										
							ᆫ			<u></u>
(11)	<u></u>									
(12)										
(13)			_				<u> </u>			
			<u> </u>		<u> </u>		<u> </u>			
(14)	<b> </b>									
			<u>L</u>	<u> </u>			<u> </u>	L	<u> </u>	

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office individual	ot ch unles	Pos eck s pe	rson	than sort Highest compensated employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatic relatec organizati (W-2/1099-	on from	Estr amo comp fro orga and	(F) mated punt of ther ensation in the nization	n I
(15)				tee			sated							
(16)														
(17)														
					_	_		_						
<u>(18)</u>														
(19)			:											
(20)														
(21)														
(22)														
(23)										i				
(24)						_						<u> </u>		
(25)														
1b	Sub-total								0	25	8,465			
С	Total from continuation sheets to Part	VII, Sectio	n A				•		0		0			0
d 2	Total (add lines 1b and 1c)	not limited						e) wi	ho received mo		8 <b>,465</b> 00,000	O of		0
	reportable compensation from the organi	zation >							0		<del></del>		Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$							mp	loyee, or high	est compe	ensated	3		<b>√</b>
4	For any individual listed on line 1a, is the	sum of rep	oortat	ole c	om	per	satio					e .		_
	organization and related organizations individual	·							· · · · · ·			4		<b>√</b>
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc		l		$\overline{\ \ }$
Section	n B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Rep year.													ıx
	(A) Name and business addr	ress					. –		(B) Description of se	ervices		(C) Compens	ation	
Not Ap	plicable										-			
												· -		
2	Total number of independent contractor received more than \$100,000 of compensations.							tho	ose listed abo	ve) who				

Par	t VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to				<u></u> 🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Grants</b> nounts	1a	Federated campaigns 1a				
Gra 10 Li	b	Membership dues 1b				
ts, (	С	Fundraising events 1c				]
ig ë	d	Related organizations 1d	ł		1	1
ons, Gifts, Grants Similar Amounts	e	Government grants (contributions) 1e	}			
er (	f	All other contributions, gifts, grants,				
혍		and similar amounts not included above 1f 513,027				
Contributions, Gifts, and Other Similar An	9	Noncash contributions included in lines 1a–1f \$  Total, Add lines 1a–1f			1	}
	h	Total. Add lines 1a–1f  Business Code	513,027			
й	2a					
Ř	b				<del> </del>	
8	C					
ē	d					
E	e					
Program Service Revenue	f	All other program service revenue .				
<u> </u>	g	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	0	0	0	
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	
	5	Royaltiès	0		0	0
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses Rental income or (loss)				
	C d	Net rental income or (loss)	0	0	0	0
	7a	Gross amount from sales of (i) Securities (ii) Other				· · · · · · · · · · · · · · · · · · ·
	'a	assets other than inventory				
	Ь	Less: cost or other basis	į.			
	~	and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)	0	0	0	0
venue	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a				
ŏ		Less: direct expenses b				
		Net income or (loss) from fundraising events .  Gross income from gaming activities. See Part IV, line 19 a	0		0	0
	b	Less: direct expenses b				
		Net income or (loss) from gaming activities	0	0	0	0
	10a	Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory	0	0	0	0
	4.4	Miscellaneous Revenue Business Code				
	11a					
	b					
	q C	All other revenue				
	d e	Total. Add lines 11a-11d				
	12	Total revenue Securetructions	512 027			

Part IX Statement of	f Functional I	Expenses
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Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns A	ll other organization	ns must complete co	olumn (A).	
Check if Schedule O contains a response or note to any line in this Part IX						
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	547,197	547,197			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				•	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			5		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			D*	.1	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$					
7 8	Other salaries and wages					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (non-employees):	22.422		00.400		
a	Management	23,160		23,160	<del></del>	
b	Legal					
d	Lobbying					
e	Professional fundraising services. See Part IV, line 17	48.000		. , 4	48,000	
f	Investment management fees	10/000				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)					
12	Advertising and promotion	1,746			1,746	
13	Office expenses					
14	Information technology					
15	Royalties					
16	Occupancy					
17 18	Travel		<u>.                                    </u>			
10	•					
19 20	Conferences, conventions, and meetings Interest		· - · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates					
22	Depreciation, depletion, and amortization .					
23	Insurance					
24	Other expenses. Itemize expenses not covered	*				
	above (List miscellaneous expenses in line 24e. If		* · ·			
	line 24e amount exceeds 10% of line 25, column	, `		1. 1.	. , "	
	(A) amount, list line 24e expenses on Schedule O.)	·				
а	Bank Fees	73			73	
þ	License renewal	85			85	
С						
d			···			
е	All other expenses					
25_		620,261	547,197	23,160	49,904	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamental compaign and in the companion of the companion o					
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	0	0	0	0	

2   Savings and temporary cash investments   2   3	P	art X				
1			Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u> . 🗆
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and Ingliest Compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from current and former officers, directors, trustees, key employees, and Ingliest Compensated employees. Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10b Less: accumulated depreciation 11 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—publicity traded securities 14 Intangble assets 15 Total assets. Add lines 1 through 15 (must equal line 34) 253,492 16 681,255 17 Accounts payable and accrued expenses 18 Grants payable 19 Defered revenue 20 Tax-exempt bond liabilities 21 Exercise or crustodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Loans and other persons to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 25 Secured mortgages and notes payable to unrelated third parties 26 Ofter liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Corpanizations that foliow SFAS 117 (ASC 958), check here 2 and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Capital stock or trust principal, or current fund and complete lines 27 through 34.  29 Capital stock or trust principal, or current fund and complete lines 30 through 34.  20 Capital stock or fust principal, or current fund and complete lines 37 through 34.  29 Capital stock or						
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and Ingliest Compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from current and former officers, directors, trustees, key employees, and Ingliest Compensated employees. Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10b Less: accumulated depreciation 11 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—publicity traded securities 14 Intangble assets 15 Total assets. Add lines 1 through 15 (must equal line 34) 253,492 16 681,255 17 Accounts payable and accrued expenses 18 Grants payable 19 Defered revenue 20 Tax-exempt bond liabilities 21 Exercise or crustodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Loans and other persons to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 25 Secured mortgages and notes payable to unrelated third parties 26 Ofter liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Corpanizations that foliow SFAS 117 (ASC 958), check here 2 and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Capital stock or trust principal, or current fund and complete lines 27 through 34.  29 Capital stock or trust principal, or current fund and complete lines 30 through 34.  20 Capital stock or fust principal, or current fund and complete lines 37 through 34.  29 Capital stock or		1	Cash-non-interest-bearing	253,492	1	681,765
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and linglised compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4950(f)(f)), persons described in section \$950(f)(f)(f), persons described in \$950(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(		2				
A Accounts receivable, net   4		3	The state of the s		3	
Total control to the receivables from current and former officers, directors, trustees, key employees. Complete Part II of Schedule L  6 Loans and other receivables from other disquisided persons (as defined inder section 9.50(f)(f)), person described in section 9.50(f)(f)), and contributing employers beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a Less: accumulated depreciation 11 Investments—publicy traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intargible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Cher liabilities Add lines 17 through 25 26 Total liabilities. Add lines 31 Through 25 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Organizations that foliow SFAS 117 (ASC 958), check here ▶ 2 and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Organizations that to not volides or land income, or other funds 30 Capital stock or trust principal, or current funds 31 Teach in or capital surplus, or land, building, or equipment fund 31 Total net assets fund balances 32 Total net assets fund balances 33 Total net assets fund balances 34 Total n		4			4	
trustees, key employees, and Ingliest compensated employees. Complete Part II of Schedule L  6 Loans and othe receivables from other disqualited persons (as defined under section 4500(0)), persons described in section 4500(0)(0), and contributing employees and opportuning organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  11 Investments—publicity traded securities  12 Investments—publicity traded securities  12 Investments—program-related. See Part IV, line 11  13 Investments—program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable and accrued expenses  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payable to nurrent and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D  22 Tore manufactured persons. Complete Part II of Schedule D  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Torthe liabilities (noticining federal income tax, payables to related third parties, and other liabilities and lines 37 through 25  26 Total liabilities. Add lines 17 through 25  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Organizations that to not follow SFAS 117 (ASC 958), check here I and complete lines 30 through		5		1 Jr 1 - 4' pr		
6 Loans and other receivables from other disquisitied persons (as defined under section 4850(0)(1), persons described in section 4950(c)(0)(1), and contributing employes and opportunity organizations (see instructions). Complete Part II of Schedule L.  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D.  10b Less: accumulated depreciation  10b Investments—publicly traded securities  11 Investments—publicly traded securities  12 Investments—program-related. See Part IV, line 11  13 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable and accrued expenses  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or outstodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D.  22 Loans and other payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Tother 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  26 Total liabilities. Add lines 17 through 25  27 Tother liabilities (including federal income tax, payables to related third parties)  28 Tother liabilities (including federal income tax, payables to related third parties)  29 Permanently restricted net assets  29 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.  29 Capital stock or trust principal, or current funds  30 Capital stock or trust principal, or current funds  31 Total net assets or fund balances  20 Statis liabilities and net			trustees, key employees, and highest compensated employees.			
## ## ## ## ## ## ## ## ## ## ## ## ##			Complete Part II of Schedule L		5	
## ## ## ## ## ## ## ## ## ## ## ## ##		6	Loans and other receivables from other disqualified persons (as defined under section			
organizations (see instructions). Complete Part II of Schedule L			4958(f)(1)), persons described in section 4950(c)(0)(D), and contributing employers and			
7   Notes and loans receivable, net   8   8   8   8   8   8   8   8   8						
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ 24 27 Unrestricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 20 Permanently restricted net assets 21 Permanently restricted net assets 22 Permanently r	ţ		organizations (see instructions). Complete Part II of Schedule L		6	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ 24 27 Unrestricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 20 Permanently restricted net assets 21 Permanently restricted net assets 22 Permanently r	sse	7	Notes and loans receivable, net			
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  11 Investments — publicity traded securities  12 Investments — publicity traded securities  13 Investments — publicity traded securities  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities. Add lines 17 through 25  26 Total liabilities. Add lines 17 through 25  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  20 Captal stock or trust principal, or current funds  31 Pad-in or capital surplus, or land, building, or equipment fund  31 Pad-in or capital surplus, or land, building, or equipment fund  31 Pad-in or capital surplus, or land, building, or equipment fund  31 Total net assets or fund balances  40 Captal stock or furst principal, or current funds  31 Total net assets or fund balanc	Ä	8	Inventories for sale or use			
the b Less: accumulated depreciation   10b   10b   10c   10c   11   10c   11   11   12   11   12   11   12   11   12   11   12   12   11   13   11   14   15   15   15   14   15   15		9	· · · · · · · · · · · · · · · · · · ·		9	
b Less: accumulated depreciation   10b   10c   11c   Investments — publicly traded securities   11   11   12   13   Investments — publicly traded securities   12   Investments — program-related. See Part IV, line 11   12   13   Investments — program-related. See Part IV, line 11   13   14   Intangible assets   14   15   15   15   15   15   15   15		10a				
11   Investments — publicly traded securities   11   12   10   12   10   12   10   13   10   13   14   15   13   14   15   14   15   15   14   15   15						
12   Investments — other securities. See Part IV, line 11   13   Investments — program-related. See Part IV, line 11   13   Intangible assets   14   15   Other assets. See Part IV, line 11   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   253,492   16   681,765   17   Accounts payable and accrued expenses   32,542   17   568,049   18   Grants payable   18   19   Deferred revenue   19   18   20   Tax-exempt bond liabilities   20   Ta		b				
13   Investments — program-related. See Part IV, line 11   14   Intangible assets   14   15   Other assets. See Part IV, line 11   15   15     16   Total assets. Add lines 1 through 15 (must equal line 34)   253,492   16   681,765   18   Grants payable and accrued expenses   32,542   17   568,049   18   Grants payable and accrued expenses   32,542   17   568,049   18   Offerred revenue   19   Offerred revenue   20   Escrow or custodial account liability. Complete Part IV of Schedule D   21   Offerred revenue   22   Offerred revenue   23   Offerred revenue   24   Offerred revenue   25   Offerred revenue   26   Offerred revenue   27   Offerred revenue   27   Offerred revenue   28   Offerred revenue   29   Offerred revenue   29   Offerred revenue   29   Offerred revenue   20   Offerred revenue   20   Offerred revenue   20   Offerred revenue   20   Offerred revenue   21   Offerred revenue   22   Offerred revenue   23   Offerred revenue   24   Offerred revenue   25   Offerred revenue   26   Offerred revenue   26   Offerred revenue   27   Offerred r			· •			
14						
15 Other assets. See Part IV, line 11   16   Total assets. Add lines 1 through 15 (must equal line 34)   253,492   16   681,765   17   Accounts payable and accrued expenses   32,542   17   568,049   18   Grants payable   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   Tax-exempt bond liabilities   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22   23   23   24   25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D   25   Other liabilities, Add lines 17 through 25   32,542   26   568,049   25   Total liabilities, Add lines 17 through 25   32,542   26   568,049   27   113,716   28   Temporanity restricted net assets   29   Permanently restricted net assets   29   Organizations that follow SFAS 117 (ASC 958), check here		_	, =			
16			<u> </u>		_	
17 Accounts payable and accrued expenses 32,542 17 558,049 18 Grants payable						
18   Grants payable   18   19   Deferred revenue   20   Tax-exempt bond liabilities   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22   23   24   Unsecured notes and loans payable to unrelated third parties   23   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D   25   32,542   26   568,049   25   32,542   26   568,049   27   Unrestricted net assets   28   29   Permanently restricted net assets   28   29   Permanently restricted net assets   30   Capital stock or trust principal, or current funds   31   Paid-in or capital surplus, or land, building, or equipment fund   31   32   Retained earnings, endowment, accumulated income, or other funds   32   33   Total net assets or fund balances   233,492   34   681,765   34   Total liabilities and net assets/fund balances   253,492   34   681,765   35,492   34   681,765   35,492   34   681,765   35,492   34   681,765   34   35   34   361,765   34   34   361,765   34   34   361,765   34   34   361,765   34   34   361,765   34   34   361,765   34   361,765   34   34   361,765   34   34   361,765   34   361,765   34   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   34   361,765   361,765   361,765   361,765   361,765   361,765   361,76						
Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25  26 Total liabilities. Add lines 17 through 25 32,542 26 568,049  Organizations that follow SFAS 117 (ASC 958), check here ✓ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ✓ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 253,492 34 681,765				32,542		568,049
20 Tax-exempt bond liabilities			· ·			
21 Escrow or custodial account liability. Complete Part IV of Schedule D .  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		1				
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 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  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here I and complete lines 27 through 29, and lines 33 and 34.  28 Permanently restricted net assets  29 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  29 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  29 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  29 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  29 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  29 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  21 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  29 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  21 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  29 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  29 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  20 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  21 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34.  21 Orga				-		
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 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  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here   28 Temporarily restricted net assets  29 Permanently restricted net assets  29 Permanently restricted net assets  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  31 Total liabilities and net assets/fund balances  22 Descriptions  32 Descriptions  33 Total net assets or fund balances  34 Total liabilities and net assets/fund balances  35 Agy 34 681.765	(0					
24 Unsecured notes and loans payable to unrelated third parties 25 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 26 Total liabilities. Add lines 17 through 25	tie	22			ĺ,	
24 Unsecured notes and loans payable to unrelated third parties 25 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 26 Total liabilities. Add lines 17 through 25	ij				-22	
24 Unsecured notes and loans payable to unrelated third parties 25 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 26 Total liabilities. Add lines 17 through 25	Ľ.	22	·			
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  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		l	· · · · · · · · · · · · · · · · · · ·			
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25						
of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		20				
Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets			· · ·		25	
Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	32,542	26	568,049
34 Total liabilities and net assets/fund balances						
34 Total liabilities and net assets/fund balances	Ses		complete lines 27 through 29, and lines 33 and 34.			
34 Total liabilities and net assets/fund balances	ä	27	Unrestricted net assets	220,950	27	113,716
34 Total liabilities and net assets/fund balances	Bal	28			28	
34 Total liabilities and net assets/fund balances	Þ	29	Permanently restricted net assets		29	
34 Total liabilities and net assets/fund balances	Ξ					
34 Total liabilities and net assets/fund balances	ò	}	complete lines 30 through 34.			
34 Total liabilities and net assets/fund balances	ets	30				
34 Total liabilities and net assets/fund balances	SS	1				
34 Total liabilities and net assets/fund balances	μĂ	1				
	Š					
		34	Total liabilities and net assets/fund balances	253.492	34	681,765 Form <b>990</b> (2018)

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Page	ł	_

	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		513,02
2	Total expenses (must equal Part IX, column (A), line 25)	2		620,26°
3	Revenue less expenses Subtract line 2 from line 1	3		-107,23
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		220,950
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		113,710
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del>	Yes No
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," ex Schedule O.	plain in		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		0-	
	Troto the organization of manda otatomento compiler of the management and a second		2a	
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis			
b	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?	piled or	2a 2b	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	piled or		
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both.	piled or ed on a		
С	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization changed either its oversight process or selection process during the tax year, existence of the selection of an independent account of the organization changed either its oversight process or selection process during the tax year, existence or selection process during the tax year.	piled or ed on a versight intant? cplain in	2b	
c	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization changed either its oversight process or selection process during the tax year, example of the selection of the selection of the process of the selection of the tax year, example of the selection of the selection of the selection of the selection of the tax year, example of the selection of the sel	piled or ed on a versight intant? cplain in	2b	

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### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name	Name of the organization Employer identification number						
	TC Foundation dba Southwest Tech	Foundation					33025
Pai							ons.
	organization is not a private founda						
1	A church, convention of churc						MA
2	A school described in section						\/ <b>(7)</b>
3	A hospital or a cooperative ho	spital service org	ganization described i	n section	ר)(מ)טירוו	I)(A)(III). ti 170/b\/1\/A\/	(iii) Enter the
4	A medical research organization		onjunction with a nost	oitai desc	inbed in s	section 170(b)(1)(A)	(III). Enter the
5	hospital's name, city, and stat An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6	☐ A federal, state, or local gover		mental unit described	ın sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	ization described int college of agr	d in <b>section 170(b)(1)</b> iculture (see instruction	(A)(ix) op ons). Ente	erated in er the nan	conjunction with a l ne, city, and state of	and-grant college the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and uni ifter June 30, 197	nctions—subject to c related business taxa 75. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Coi	ceptions, ie (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33¹/₃% of its
11	An organization organized and	•	-	-			
12	An organization organized and of one or more publicly support Check the box in lines 12a through the control of	orted organizatio	ns described in <b>sect</b> i	on 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	☐ <b>Type I.</b> A supporting organ the supported organization supporting organization. <b>Y</b>	n(s) the power to	regularly appoint or e	lect a ma	yority of t		
_		=				unnorted organizati	on/e) by having
b	control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integ its supported organization						ally integrated with,
d	Type III non-functionally that is not functionally interequirement (see instructional see instruction).	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported			-	_		
g	Provide the following information						
	(i) Name of supported organization	(II) EIN	(lii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	irganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Total

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (d) 2018 (e) 2019 (f) Total (c) 2017 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 204,483 22.164 208.404 419.457 513.027 1,367,535 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 419.457 204,483 22,164 208,404 513,027 1,367,535 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 1,367,535 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 . . . . . 204,483 1,367,535 419,457 22,164 208,404 513,027 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources . . . . . . . . 0 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . Total support. Add lines 7 through 10 11 1,367,535 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . 14 14 100 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 N/A % 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2019. 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 

b 10%-facts-and-circumstances test-2018. 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 

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	lle A (Form 990 or 990-EZ) 2019  Support Schedule for Organiza	tions Descr	ibed in Sect	ion 509(a)(2)			Page
ı aı c	(Complete only if you checked the					to qualify u	nder Part II.
	If the organization fails to qualify						
Secti	on A. Public Support	under the ter	<u> </u>	,	<u>-</u>		<del></del>
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(4) 20.0		19, 29	15/2010	10, 20.0	1
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b	3			1	•	
Secti	on B. Total Support						<u> </u>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017 /	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			,			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	,					· · · · · · · · · · · · · · · · · · ·
14	First five years. If the Form 990 is for th organization, check this box and stop her						
Casti	on C. Computation of Public Suppor			<del></del>	<del>· · · · · · · · · · · · · · · · · · · </del>	<del></del>	

	organization, check this box and stop here		<u> </u>	<u>.                                    </u>
ecti	on C. Computation of Public Support Percentage			
15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15		%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16		%
ecti	on D. Computation of Investment Income Percentage			
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17		%
8	Investment income percentage from 2018 Schedule A, Part III, line 17	18		%
9a	331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more	e thar	331/3%, and line	Э
	17 is not more than 331%, check this box and stop here. The organization qualifies as a publicly suppor	ted org	ganization 🕨	<b>-</b> 🗆
b	331/3% support tests - 2018/2 If the organization did not check a box on line 14 or line 19a, and line 16 is	s more	than 331/3%, and	t
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly sup	porte	d organization 🕨	· 🗆
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box as	nd see	instructions	<u> </u>

### Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations		<u> </u>	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			,
	(b) and (c) below.	3a	<u> </u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
Ū	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		<u> </u>
4a				
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	·		'
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b	ļ	ļ.,
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		4	•
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	· ' _	•	, ,
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b		Ja		. ,
_	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	00		
	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>		<del></del>	
7		6		- 1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	1		[. ]
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			1
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		<u>,                                     </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	1		,
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		, ,	1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	· ···· ·· · · · · · · · · · · · · · ·		ĺ	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10		<u> </u>
L		10a		- 7
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ı <b>~</b>		

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	-		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			· I
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	}		
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		<del></del>	لـــــــــــــــــــــــــــــــــــــ
_		1	,	<del></del> ,
2	Did the organization operate for the benefit of any supported organization other than the supported			{
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,	•	,	- 1
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			L
0000	on o. Type ii oupporting organizations	-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	اد ا		1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	•		1.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ĺ		
	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?			لـــا
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		`.	'{
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	_	
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	'. 1	÷ 1	, 1
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	]	٠	-
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	- "		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لـــــا
	trustees of each of the supported organizations? Provide details in Part VI.	3a	]	<del></del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			ـــا
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	jan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	٠		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	-	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	
4 Enter greater of line 2 or line 3.	4	_	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continuea)	<del>,</del>		
Sect	Section D—Distributions					
_ 1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets	,0000 0, 04ppo.tou 0.go				
- 5	<del></del>	<del> </del>				
6			······································			
7	Total annual distributions. Add lines 1 through 6.			· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount			<del></del>		
			(ii)	(iii)		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019		
_1_	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, if any, to 2019	1	·			
а	From 2014					
	From 2015					
	From 2016					
	From 2017					
е	From 2018					
f	Total of lines 3a through e					
_ g	Applied to underdistributions of prior years		_			
h	Applied to 2019 distributable amount					
j	Carryover from 2014 not applied (see instructions)					
_ <u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7:					
a	Applied to underdistributions of prior years			 		
_ <u>b</u>	Applied to 2019 distributable amount					
_ <u>c</u>	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
84944 p 2 y 4 y 2 2 2 2 2 2	
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	· ·
	***************************************
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T74=========	, . <del></del>

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Internal Revenue Service Name of the organization Employer identification number **SWATC** Foundation dba Southwest Tech Foundation 46-1233025 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants b ☐ Internet and email solicitations ☐ Solicitation of government grants ☐ Phone solicitations ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? √ Yes No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts custody or control of contributions? (or retained by) organization (ii) Activity from activity col (i) Yes No 1 Old Oakey, Inc 1466 S. Cross Hollow Dr. CC Utah 84 In person/grants \$48,000 \$463,196 \$415,196 2 3 4 5 6 7 8 9 10 Total \$463,196 \$48,000 \$415,196 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Utah Nevada

P	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" of and gross income or	on Form 990, Part IV, li n Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
_		<del></del>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts				
Reve	•	Gross receipts				
	2	Less: Contributions Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Š		·				
ense	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses .				
	10	Direct expense summary Ad	id lines 4 through 9 in c	olumn (d)		
	11	Net income summary. Subtra	act line 10 from line 3, o	olumn (d)	<u> </u>	
Pa	irt III	Gaming. Complete if th \$15,000 on Form 990-E2		ered "Yes" on Form	990, Part IV, line 19,	or reported more than
Jue_			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue			-		<del>                                     </del>	
	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	/. Subtract line 7 from li	ne 1, column (d)		
		nter the state(s) in which the or the organization licensed to co 'No," explain:	ganization conducts ga	ming activities:	s?	
10		ere any of the organization's g 'Yes," explain:				

Schedu	ule G (Form 990 or 990-EZ) 2019		Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
а			%_
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
		☐ Yes	☐ No
b		_	
	amount of gaming revenue retained by the third party ► \$		
С	****		
	Name ▶	<del></del>	
	Address ▶		<b></b>
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		. <del></del>
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona See instructions.		
art I I	line 2b column iii		
he in	dependent fundraiser has no access to foundation bank accounts. At least quarterly, the fundraiser meets with the foun	dation b	oard of
lirecto	ors and reports on potential donors and progress with fundraising efforts. When donations are received, the donations o	go direct	tly to
	esident of Southwest Technical College who is also on the foundation board of directors or to the VP of Finance for South		
vho m	naintains all fiscal records. The fundraiser does not have custody or access to the donations.		
) 2 art 1 l	line 2b column v		<b></b>
	ine 2D column v Indraising agreement between Old Oakey Inc., and the foundation allows for reimbursement of fundraising expenses up t		00
	ear. Reimbursements are made only after a copy of the invoice is submitted to and approved by the designated board me		
xpen	ses include, traveling, postage, professional design services and advertising. The fundraiser is paid a monthly fee for hi	s servic	es
na th	ne agreement is renewed annually after approval by the Board of Directors.		

## SCHEDULE I

Grants and Other Assistance to Organizations,

3 No 1545-0047	<b>3</b> 018	
OMB	(S)	k

Open to Public Inspection

Schedule I (Form 990) (2018) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Educ. Facility Renovation % □ (h) Purpose of grant Student Scholarships or assistance **Employer identification number** 46-1233025 ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (e) Amount of non-cash assistance (book, FMV, appraisal, other) . Cat No 50055P ▶ Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Cash Cash Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► Attach to Form 990. 500,000 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? (if applicable) General Information on Grants and Assistance SWATC Foundation dba Southwest Tech Foundation 87-0742514 87-0742514 (p) EIN 1 (a) Name and address of organization (2) Southwest Technical College 757 West 800 South, Cedar City, UT 757 West 800 South, Cedar City, UT Southwest Technical College or government Department of the Treasury Internal Revenue Service Name of the organization (Form 990) Part I Part II ල 5 8 <u></u> € 3 9 2

that was donated to the foundation for the purpose of renovating the College Business and Trades building. Phases I and II of the three phase project have been completed with phase III (f) Description of noncash assistance awarded, the funds go back into the scholarship fund to be awarded to another student. In addition to the Scholarship awards, the Foundation awarded Southwest Tech with \$500,000 a scholarship spreadsheet that lists each scholarship fund, how much has been awarded and the name and amounts for each award. If the student does not use the amount reviews each application and designates a scholarship source based on the instructions that come with the donation. Student Services financial aid counselor maintains Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. In FY 2019 Southwest Tech Foundation awarded \$47,197 in scholarships to Southwest Tech for student scholarships. The College has a scholarship committee that (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance to begin in early 2020. Part IV N က S

### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**SWATC Foundation dba Southwest Tech Foundation** 

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection Employer identification number

46-1233025

Part	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to provide a			٠.	
	☐ First-class or charter travel ☐ Hou	sing allowance or residence for personal use			
	☐ Travel for companions ☐ Pay	ments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Hea	Ith or social club dues or initiation fees		i	
	☐ Discretionary spending account ☐ Pers	sonal services (such as maid, chauffeur, chef)		- 1	-
		1.			
b	,				<u></u>
	or reimbursement or provision of all of the expenses	described above? If "No," complete Part III to			
	explain		1b		
		<u> </u>			
2	Did the organization require substantiation prior to rei directors, trustees, and officers, including the CEO/Execu	tive Director, regarding the items checked on line			
	1a?		2		•
2	Indicate which if any of the fellowing the amount of the	d to cotablish the company time of the	.	1	_
3	Indicate which, if any, of the following the organization used organization's CEO/Executive Director. Check all that apply				
	related organization to establish compensation of the CEO		,		
		ten employment contract			
	<u> </u>	npensation survey or study			•••
		roval by the board or compensation committee			•
		, or an experience of the component of the community			
4	During the year, did any person listed on Form 990, Part VI organization or a related organization:	I, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payme	nt?	4a		<b>√</b>
b	Participate in, or receive payment from, a supplemental nor	-	4b		✓
С	Participate in, or receive payment from, an equity-based co	- · · · · · · · · · · · · · · · · · · ·	4c		<b>√</b>
	If "Yes" to any of lines 4a-c, list the persons and provide th	e applicable amounts for each item in Part III.			,
			``	١.	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza		١		
5	For persons listed on Form 990, Part VII, Section A, I	ne 1a, did the organization pay or accrue any		' i	٠
	compensation contingent on the revenues of:	<u> </u>	-		<del></del>
а	The organization?	<del>}</del>	5a		<u> </u>
b	Any related organization?		5b		<u>,</u>
	If "Yes" on line 5a or 5b, describe in Part III.		١ ٠	. 1	•
	For paragraphic lated on Form 000 Part VIII Continu A II	ing to did the organization new or apprile any			٠.
6	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the net earnings of:	ine ra, did the organization pay or accide any		١ ا	
_	The organization?		- 3a		<del></del>
a b	Any related organization?		3b		<del>*</del>
U	If "Yes" on line 6a or 6b, describe in Part III.	· · · · · · · · · · · · · · · · · · ·	,,,		<u> </u>
	Tes of the oa of ob, describe if that in.	<b>†.</b>	1		
7	For persons listed on Form 990, Part VII, Section A, III	e 1a. did the organization provide any nonfixed	_		
	payments not described on lines 5 and 6? If "Yes," describ		7		✓
8	Were any amounts reported on Form 990, Part VII, paid or				
	to the initial contract exception described in Regulation				
			8		✓
9	If "Yes" on line 8, did the organization also follow the	rebuttable presumption procedure described in			
	Begulations section 53 4958-6(c)?		ا م	1	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(B) Breakdown of W-2 and/or 1099-MISC compensation (F) Compensation in column (B) reported as deferred on prior (C) Retirement and other deferred (E) Total of columns (B)(i)–(D) (D) Nontaxable (iii) Other reportable compensation (i) Base compensation (ii) Bonus & incentive (A) Name and Title compensation Form 990 (i) **Brennan Wood** 1Board Member (n) 134876 41 7,200 40,903 05 182,979 40 (i) James, Mullenaux 2Board Member (n) 66,091 12 17,329.14 83,420 26 (i) Neal Mason 63,486 02 (u) 3Board Member 50,297 95 13,188 07 (i) (n) (i) (11) (i) (n) (1) (ii) (i) (n) (i) (11) (i) (u) 10 (i) (n) 11 (1) (n) 12 (i) (n) 13 (i) (11) (1) (n) 15 (i) (n) 16

Schedule J (Form 990) 2019

	- 2
chedule J (Form 990) 2019 Part III Supplemental Information	Page 3
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part	II. Also complete this part
or any additional information	
he three individuals listed in Part II are employed by Southwest Technical College which is the college for which the foundation raises funds	
art II B III includes an auto allowance for Brennan Wood	
art II C includes 401k contributions and contributions to the Utah State Retirement Pension System	
***************************************	
	•••••••••
	•••••

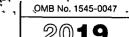
Schedule J (Form 990) 2019

### SCHEDULE O (Form 990 or 990-EZ)

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

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

► Attach to Form 990 or 990-EZ.



**Employer Identification number** 

2019

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

SWATC Foundation dba Southwest Tech Foundation	46-1233025
Part VI A2: Directors Brennan Wood, James Mullenaux and Neal Mason are all employed at Southwest Tec	chnical College
Part VI 19 Governing documents disclosure: Government documents, conflict of interest policy, tax return	n and financial statements are made
available to the public upon request at Southwest Technical College, 757 W. 800 South, Cedar City, UT 847	720. The process for the
request of information is located at https://stech.edu/foundation/	
Part VI A7b: Members of the Board of Directors for SWATC Foundation must be approved by the Board of	Directors of Southwest
Technical College by a majority vote. This is specified in Article 5.4 of the Foundation Bylaws.	
Part VI BIIb: Form 990 is available for Board Members to review at the accounting office of Southwest Tech	hnical College for 1 week prior to
the date it is filed.	
·	
Part VI B12c: The conflict of interest disclosure form is completed annually by all Board of Directors members to be a supplemental of the conflict of interest disclosure form is completed annually by all Board of Directors members to be a supplemental of the conflict of interest disclosure form is completed annually by all Board of Directors members to be a supplemental of the conflict of interest disclosure form is completed annually by all Board of Directors members to be a supplemental of the conflict of interest disclosure form is completed annually by all Board of Directors members to be a supplemental of the conflict of interest disclosure form is completed annually by all Board of Directors members to be a supplemental of the conflict of the confli	bers
Part VI A9: Directors who cannot be reached at the organization's mailing address:	
Bruce Hughes, 766 West Carousel Circle, Cedar City, UT 84720	
Janet Calliham, 510 West 800 South, Cedar City, UT 84720	
Liz Biller, 1772 S. Hamilton Dr., Cedar City, UT 84720	
Susan Durfey, 1768 N. Wedgewood Lane #8 Cedar City, UT 84721	
Ree Zaphiropoulos, PO Box 1022, Cedar City, UT 84721	
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## SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

SWATC Foundation dba Southwest Tech Foundation

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2019

Employer identification number

46-1233025

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Schedule R (Form 990) 2019 (g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ž Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets Y. (e)
Public chanty status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section StateEntity (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity 5 (b) Primary activity **Technical College** For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) (ame, address, and EIN of related organization 757 West 800 South, Cedar City, UT 84 (1)Southwest Technical College Part II 3 9 ₹ E 8 ල 3 9 2 9 ₹

<u>.</u>	990) 2019 Jentification of B	crincon O betelot	tions Towahl	trod c ac	ai 4030	14+ 31 040 Can			7		100		Page 2
Part III DE	ecause it had one	because it had one or more related organizations treated as a partnership during the tax year.	organizations	treated as	a partnersh	omplete in the iip during the	e organizat e tax year.	ion answe	red res	on rorm 990	, ran IV, I	ine 34,	
Name, addi related	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or 20 managing partner?		(k) Percentage ownership
(1)									Yes	No	Yes	2	
(2)													
(3)													
(4)													
(5)													
(9)													
(i)													
Part IV Id	lentification of File 34, because it	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	tions Taxabl related organ	e as a Corp	oration or	Trust. Comportion or	plete if the r trust durir	organizati	on answe	ered "Yes" on	Form 990	Part IV	,
Name, adı	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(I) Section 512(b)(13) controlled entity?	2(b)(13) lled /?
£												Yes	S.
(2)													
(3)													
(4)													
(5)													
(9)													
(2)													
•							i	-		S	Schedule R (Form 990) 2019	-orm 990	) 2019

# Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Receipt of (i) interest, (ii) annutities, (iii) royalties, or (iv) rent from a controlled entity	1a 7	>
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If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	on threshol	ds.
(d) Method of determining amount involved	g amount invo	lved
49,905 Cash payments		
47,197 Cash payments		
23.160 Cash payments		
500,000 Cash payments		
3	ou cash payments	ou cash payments

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

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

(a) (b) (c) (d) (e) (f) (e)	(q)	(5)	(p)	(e)	£		3	9	9	3
Name, address, and EIN of entity	Primary activity	Legal domicile		Are all partner	ත් :		onate	Code V-UBI		Percentage
			income (related, unrelated, excluded from tax under	section   501(c)(3) organizations?		end-or-year assets	allocations?	of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512-514)	Yes No			Yes No		Yes	
(1)										
(2)										
(3)							-			,
(4)									-	•
(5)										:
(9)										
(i)										
(8)										
(6)										
(10)										:
(11)	•									
(12)									_	
(13)	-									
(14)										
(15)										
(16)	-									
								Sche	edule R (For	Schedule R (Form 990) 2019