CHANGE IN ACCOUNTING PERIOD

∴ Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning ${\sf SEP} \; 1$, $\; 2$	020 and	ending D	EC 31, 2020	
В	Check if	C Name of organization			D Employer identific	cation number
e	pplicable	ASSOCIATION OF WASHINGTON SCHO	OOL			\sim
Г	Address change	PRINCIPALS				
\vdash	Name change	Doing business as			91-08910	29
F	Initial	Number and street (or P.O. box if mail is not delivered to street	address)	Room/suite	E Telephone number	
H	return ^_Final					
ا	return/ termin-	1021 8TH AVE SE			360-357-	834,407.
_	ated ∏Amende	City or town, state or province, country, and ZIP or foreign	postal code		G Gross receipts \$	
<u></u>	return	OLIMPIA, WA 30301	<u></u>		H(a) Is this a group re	
_	Applica- tion pending	F Name and address of principal officer DCOTT DDAM	AN		for subordinates	
	pending	SAME AS C ABOVE		$-\Delta$	H(b) Are all subordinates in	cluded? Yes No
1.7	Tax-exe	mpt status 501(c)(3) X 501(c) (6)	4947(a)(1)	or 52	/) If "No," attach a	list See instructions
J \	Vebsite	E ► WWW.AWSP.ORG	1	\/	H(c) Group exemption	n number
		organization: X Corporation Trust Association	Other >	L Year	of formation: 1972 N	State of legal domicile: WA
_		Summary	i			
L		Briefly describe the organization's mission or most significant act	truties TO \$1	IIPPORT	PRINCIPALS	AND THE
, r 9		PRINCIPALSHIP IN THE EDUCATION OF				1210 1110
Activities & Governance	1 -					
e.				sea of more	/	16
Š	l .	lumber of voting members of the governing body (Part VI, line 1.		\	/ 3	
ص مع		lumber of independent voting members of the governing body (`	\	16
S	5 1	otal number of individuals employed in calendar year 2020 (Par	t V, line 2a)		Y 5	16-
Ę		otal number of volunteers (estimate if necessary)	—		6	35
Ę.	7 a T	otal unrelated business revenue from Part VIII, ection (92) 10	12		<u>7a</u>	10,274.
⋖	bı	let unrelated business taxable income from Com 990-T. Part 1,1	ma (2)		7b	0.
			181		Prior Year	Current Year
	8 0	Contributions and grants (Part VIII, Ingel), OCT 05 2021	J.S.		4,000.	5,025.
Revenue	9 F	Program service revenue (Part VIII, Imega)	_ 1≝		2,985,548.	818,357.
Ver	1 40 1	evestment income (Bart VIII, solumn (A) lines 3.4 and 7d)	it	-	-3,951.	751.
æ	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 70) Other revenue (Part VIII, column (A), lines 5, 6(1)	1		26,518.	10,274.
						834,407.
	T .	otal revenue - add lines 8 through 11 (must equal Part VIII, colur	nn (A), line 12)		3,012,115.	
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15 8	Salaries, other compensation, employee benefits (Part IX, column	n (A), lines 5-10)		1,682,261.	545,292.
ış	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	ьт	otal fundraising expenses (Part IX, column (D), line 25)		0.		"
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			998,320.	418,879.
	18 7	otal expenses Add lines 13-17 (must equal Part IX, column (A),	line 25)		2,680,581.	964,171.
	1	Revenue less expenses Subtract line 18 from line 12	•		331,534.	-129,764.
10 8				Rei	ginning of Current Year	End of Year
sts c	20 1	otal assets (Part X, line 16)		30	4,057,421.	5,441,045.
Assets	24 7			—	929,479.	2,995,157.
et	1	otal liabilities (Part X, line 26)		·	3,127,942.	2,445,888.
줆		Net assets or fund balances Subtract line 21 from line 20			3,121,342.	2,443,000.
	art II	Signature Block				1 . 1.1
		nes of perjury, I declare that I have examined this return, including accor				knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on a	ll information of wh	nich preparer	has any knowledge.	
					91301	
Sig	n	Signature of officer			Date	
Her	e	SCOTT SEAMAN, EXECUTIVE DIRECT	ror			
		Type or print name and title				
		Print/Type preparer's name Preparer's sygi	nature A		Date Check	PTIN
Pan		ANTONIA GOH, CPA	nia toh	lo	9/30/21 self-employ	P00187374
			C., P.S.			82-2594290
			, SUITE E	1	THIII 3 LIN	
USE	Jiny	TUMWATER, WA 98512	, DOLLI L	•	Dhono no 36	0-570-9933
					Tenone no. 3 6	
		S discuss this return with the preparer shown above? See instru				
0320	01 12-23	20 LHA For Paperwork Reduction Act Notice, see the se	parate instructio	ns.		Form 990 (2020)

<u>Form</u>	990 (2020) PRINCIPALS 91-08910	129	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
_			
1	Briefly describe the organization's mission	ΩE	
	AWSP PROVIDES ASSISTANCE TO ENSURE THAT ALL SCHOOLS IN THE STATE		
	WASHINGTON HAVE THE LEADERSHIP & SUPPORT NECESSARY TO ACHIEVE EQU	JTTY	<u>&</u>
	EXCELLENCE IN STUDENT LEARNING.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		¬ 1	X No
	prior Form 990 or 990-EZ?	Yes	V NO
	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?	Yes	X No
	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 exp	enses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper		4
		ises, and	J
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	AWSP PROVIDES MEMBERSHIP SERVICES TO 3,586 MEMBERS. MEMBERSHIP SE	ERVIC	ES
	INCLUDE PROFESSIONAL RESPONSIBILITIES AND RIGHTS RECOMMENDATIONS,		
	ACCESS TO JOB POSTINGS BY DISTRICTS ON OUR WEBSITE. AWSP ALSO PRO		<u>.c</u>
	TIMELY AND TOPICAL INFORMATION TO MEMBERSHIP ON BEST PRACTICES IN	1 THE	<u> </u>
	PRINCIPALSHIP AND EMERGING ISSUES THAT MAY AFFECT PRINCIPALS.		
4b	(Code) (Expenses \$		
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)		—— '
		-	
4c	(Code) (Expenses \$) (Revenue \$))
		-	
	01		
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses		
		Form 90	10 (2020)



Form 990 (2020) PRINCIPALS

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_ X
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 98-197 If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8		Λ
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?	9		х
40	If "Yes," complete Schedule D, Part IV	9		71
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	7.12		
_	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		Х
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 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	446		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	• • • • • • • • • • • • • • • • • • • •	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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 ⁹ If "Yes." complete Schedule G. Part I	17		х
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		X
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
32003	12-23-20	Form	990 ((2020)

91-0891029 PRINCIPALS Page 4 Form 990 (2020) Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 27 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 Х 23 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 X 24a Schedule K If "No." go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 25b Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes." complete Schedule L. Part IV 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I Х 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V. line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity X within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes." complete Schedule R. Part V. line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 18 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners?

Form 990 (2020)

032004 12-23-20

Par					<u> </u>		age •	
	J J J (Contantactor)					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_	- 1	-	163	110	
	filed for the calendar year ending with or within the year covered by this return	2a		۱6				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return				2b	$\overline{\mathbf{x}}$		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			ı				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,			3a	X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		ı	3b	Х		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ıtv over. a	ı				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•		4a		х	
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 Ad	ccoun	ts (FBAR)	_				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?			5b		Х	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			[5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	ınızatıon solicit					
	any contributions that were not tax deductible as charitable contributions?				6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts					
	were not tax deductible?			L	6b			
7	Organizations that may receive deductible contributions under section 170(c).						لـــــــا	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payo	r۶ [7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs req	uıred					
	to file Form 8282?			L	7с			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>					
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
_	If the organization received a contribution of qualified intellectual property, did the organization file Fo		•	ŀ	7 <u>g</u>			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е	-				
	sponsoring organization have excess business holdings at any time during the year?			}	8_			
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?			ŀ	9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			ŀ	9b			
10	Section 501(c)(7) organizations. Enter	مد ا	1					
	Initiation fees and capital contributions included on Part VIII, line 12	10a		\dashv				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l	-				
11	Section 501(c)(12) organizations. Enter	11a	1			l	İ	
a	Gross income from members or shareholders	ı ıa		\dashv			1	
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b]	
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	\dashv	12a	—		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ŀ	120		. (
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	\neg			- 1	
	Is the organization licensed to issue qualified health plans in more than one state?			ı	13a	_		
_	Note: See the instructions for additional information the organization must report on Schedule O			ı			- 1	
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?				14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		Ī	14b	1		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		or					
	excess parachute payment(s) during the year?			- 1	15		X	
	If "Yes," see instructions and file Form 4720, Schedule N						\Box	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncor	ne?		16		X	
	If "Yes," complete Form 4720, Schedule O		a	$_{\perp}$,		
					Form	990	(2020)	

PRINCIPALS

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Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI						X			
Sec	tion 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		16			. 1			
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	16									
2										
	officer, director, trustee, or key employee?									
3										
	of officers, directors, trustees, or key employees to a management company or other person?									
4	To 10 10 10 10 10 10 10 10 10 10 10 10 10									
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X			
6	Did the organization have members or stockholders?				6	X				
7a		point	one or							
	more members of the governing body?				7a	X_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or							
	persons other than the governing body?				7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:							
а	The governing body?				8a	Х				
b	Each committee with authority to act on behalf of the governing body?			- [8b_	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u> </u>	9		_X_			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
						Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	х				
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X				
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			ŀ				
	ın Schedule O how this was done				12c	Х				
13	Did the organization have a written whistleblower policy?				13	Х				
14	Did the organization have a written document retention and destruction policy?				14	X				
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent				- 1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official				15a	X				
b	Other officers or key employees of the organization				15b	<u> </u>	 ,			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						-			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a				- -			
	taxable entity during the year?			1	16a		<u> </u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		· ·				1			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıor	ı's							
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶WA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (Section 50)1(c)(3)s	only)	avaılal	ole			
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest poli	cy, and	financ	al				
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records	·						
•	ANDI MOUNTS - 360-357-7951		_							
	1021 8TH AVE SE, OLYMPIA, WA 98501			-		000	(2020)			
					Form	330	フロンのと			

Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

Check this box it fleither the organization		7.3-								
(A)	(B)			((Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck (more	than o		Reportable	Reportable	Estimated
	hours per	box,	unles	ss per dad	son i	s both	n en tee)	compensation	compensation	amount of
	week	-			<u> </u>	1	<u> </u>	from the	from related organizations	other compensation
	(list any hours for	firect				_		organization	(W-2/1099-MISC)	from the
	related	3e or (stee			sate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	Iruste	al tru:		a ye	ed E		,,		and related
	below	Individual trustee or director	nstitutional trustee	ıa	Key employee	est co	늘			organizations
	line)) Ind	Insti	Officer	Key	Highest compensated employee	Former			
(1) CAMERON GROW	1.00								_	_
PRESIDENT		X		X	L.	L.		0.	0.	0.
(2) PAUL MARQUARDT	1.00									
PRESIDENT ELECT		X	L	X	L	<u> </u>		0.	0.	0.
(3) KEN SCHUTZ	1.00									
PAST PRESIDENT		X		Х				0.	0.	0.
(4) HEATHER RENNER	1.00								_	_
BUDGET CHAIR		Х		X		<u> </u>		0.	0.	0.
(5) SCOTT SEAMAN	40.00								_	
EXECUTIVE DIRECTOR		L		X	L			172,467.	0.	39,666.
(6) CHRISTOPHER VISSERMAN	1.00									
ELEMENTARY COMMITTEE CHAIR		Х					<u> </u>	0.	0.	0.
(7) PATRICIA KANNBERG	1.00									_
ELEMENTARY COMMITTEE VICE CHAIR		Х						0.	0.	0.
(8) HEIDI SUTTON	1.00									
ELEMENTARY COMMITTEE PAST CHAIR		Х	ļ					0.	0.	0.
(9) TENESHA FREMSTAD	1.00								_	_
ELEMENTARY 3 YR REP		X						0.	0.	0.
(10) TODD HILMES	1.00									
MIDDLE LEVEL COMMITTEE CHAIR		X					<u>.</u>	0.	0.	0.
(11) DAVID RIDDLE	1.00								_	_
MIDDLE LEVEL COMMITTEE VICE CHAIR		X						0.	0.	0.
(12) NATHAN PLUMMER	1.00	1					}		_	
MIDDLE LEVEL COMMITTEE PAST CHAIR		X						0.	0.	0.
(13) MICHAEL HARRINGTON	1.00]								_
MIDDLE LEVEL 3 YR REP		Х				<u> </u>		0.	0.	0.
(14) JOHN BELCHER	1.00]								
HIGH SCHOOL COMMITTEE CHAIR		Х					L	0.	0.	0.
(15) ERIC ANDERSON	1.00									
HIGH SCHOOL COMMITTEE VICE CHAIR		X		$oxed{oxed}$			<u> </u>	0.	0.	0.
(16) W BRENT OSBORN	1.00									
HIGH SCHOOL COMMITTEE PAST CHAIR		Х				<u>L</u>	L	0.	0.	0.
(17) AARON FLETCHER	1.00]								
HIGH SCHOOL 3 YR REP		X			L			0.	0.	0 . Form 990 (2020)

032007 12-23-20

Form **990** (2020)

Page 8

Form 990 (2020) PRINCIPAL	LS								91-08	391	029	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)			(F)
Name and title	Average			Posi				Reportable	Reportable			mated
	hours per	box	, unte	heck r ss per	son i	s both	n an	compensation	compensatio	n	amo	ount of
	week	offi	cer ar	ıd a dı	recto	r/trus	tee)	from	from related		o	ther
	(list any	Ę		li				the	organizations	3	comp	ensation
	hours for	a a				2		organization	(W-2/1099-MIS	iC)	fro	m the
	related	ee o	ustee			ESCE		(W-2/1099-MISC)			orgai	nization
	organizations	皇	and the		loyee	E COM						related
	below	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	mer				organ	izations
	line)	Ē	l <u>si</u>	ਙ	Key	돌등	For					
(18) KURT HATCH	40.00									_		
ASSOCIATE DIRECTOR		_	<u> </u>	\sqcup		Х		132,748.	 	0.	17	<u>,095.</u>
(20) ROZ THOMPSON	40.00											
GOVT RELATIONS & ADVOCACY DIRECTOR						X		131,557.		0.	17	,058.
(20) JACK AREND	40.00											
ASSOCIATE DIRECTOR						X		132,511.		0.	17	,087.
(21) SCOTT FRIEDMAN	40.00									j		
ASSOCIATE DIRECTOR		1				х		129,176.		0.	16	,982.
(22) GREG BARKER	40.00								-			
STUDENT LEADERSHIP DIRECTOR		1				X		129,176.		0.	16	,982.
(23) GINA YONTS	40.00							1				
ASSOCIATE DIRECTOR		i				х		129,176.		0.	16	,982.
		\vdash				 		123/1700				73021
	 	1										
		\vdash	├	\vdash		H						
	-											
		-		-								-
di Colonia	L	<u> </u>				Ш		956,811.		0.	141	,852.
1b Subtotal								930,811.		0.	7.4.7	0.
c Total from continuation sheets to Part VI	I, Section A							956,811.		0.	1 / 1	,852.
d Total (add lines 1b and 1c)											141	,032.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	JUU of reportable			1.0
compensation from the organization												10
										1	<u>'</u>	es No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	emple	oye	e, or	hıg	hest compensated empl	oyee on			 -
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4 For any individual listed on line 1a, is the su									ne organization			
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	che	dule	J f	for such individual			4	X
5 Did any person listed on line 1a receive or a	ccrue compen	ısatı	on fi	om a	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J f	or st	ich p	ers	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	mpensated ind	lepe	nde	nt co	ntra	actor	s th	nat received more than \$	100,000 of comp	ensat	tion fron	1
the organization. Report compensation for	the calendar ye	ear e	ndır	ng wi	th c	or wit	thın	the organization's tax ye	ear			
(A)								(B)			(C)	
Name and business	address	N	INC	3				Description of s	ervices	С	ompens	ation
							-		İ			
	· · · · · · · · · · · · · · · · · · ·						7					
							T					- -
							_					
							\neg					
									l			
	_						7					
2 Total number of independent contractors (ii	ncluding but no	ot Iır	nited	to t	hos	e lis	ted	above) who received mo	ore than			1
\$100,000 of compensation from the organization	-				0			·				
											Form 9	90 (2020)

Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under business revenue function revenue sections 512 - 514 1 a Federated campaigns Grants 1a 1b b Membership dues c Fundraising events 1c 1d d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and 5,025 1f similar amounts not included above g Noncash contributions included in lines 1a-1f 1q |\$ 5,025. h Total. Add lines 1a-1f **Business Code** 662,926. 662,926. 541900 2 a MEMBERSHIP DUES Program Service Revenue 541900 47,345. b SPECIAL PROJECTS ALLOC 47,345. 46,803. 46,803. c PARTNERSHIP PROGRAM 541900 d WORKSHOPS & TRAININGS 43,988. 43,988. 611710 17,295. 17,295. 611710 e CONFERENCES f All other program service revenue 818,357. g Total, Add lines 2a-2f Investment income (including dividends, interest, and 751. 751. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents 6a 6b b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9ь b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 106 b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 541800 10,274. 10,274. 11 a ADVERTISING INCOME d All other revenue 10,274. Total. Add lines 11a-11d 10,274. 834,407. 818,357. Total revenue. See instructions 12

Form **990** (2020)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b, Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 468,552. Other salaries and wages Pension plan accruals and contributions (include <u>10,7</u>32. section 401(k) and 403(b) employer contributions) 31,184.Other employee benefits 34,824. Payroll taxes 10 Fees for services (nonemployees) Management 2,210. Legal Accounting 6,000. Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 29,499. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 263,316. Office expenses 13 Information technology Royalties 15 43,519. Occupancy 16 161. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 13,672. Conferences, conventions, and meetings 19 20 21 Payments to affiliates 49,758. 22 Depreciation, depletion, and amortization 9,009. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,329. MEMBERSHIPS & TRAINING 406. BOARD AND COMMITTEE b C d e All other expenses 964,171. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ıf following SOP 98-2 (ASC 958-720)

224,700.

1,090,845.

5,441,045.

2,348,021.

20,631.

PRINCIPALS 91-0891029 Page 11 Form 990 (2020) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 3,433,690. 1,666,602. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 288,167. 207,807 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Asse	8	Inventories for sale or use
Ä	9	Prepaid expenses and deferred charges
	10a	Land, buildings, and equipment cost or other
		basis Complete Part VI of Schedule D
	b	Less accumulated depreciation

Notes and loans receivable, net

\$

17

23

24 25

Liabilities

			8	
		15,494.	9	0.
1 1				
10a	827,869.			
10b	424,226.	453,401.	10c	403,643.

560,000.

216,990.

937,127.

58,752.

274,377.

4,057,421.

5

6

15

16

17

18

19 20

11	Investments - publicly traded securities
12	Investments - other securities See Part IV, line 11
40	Javantananta, museum valetad Can Dout IV Ivan 11

controlled entity or family member of any of these persons

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

		011101 0000111100	000 1 411 111 1110 11
13	Investments -	program-related	See Part IV, line 11
4.4	Intensible co	aata	

Accounts payable and accrued expenses

	a.rg.a.ra
15	Other assets See Part IV, line 11
16	Total assets. Add lines 1 through 15 (must equal line 33)

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 any current or former officer, director,						
	trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons						

Secured mortgages and notes payable to unrelated third parties
Unsecured notes and loans payable to unrelated third parties
Other liabilities (including federal income tax, payables to related third
parties, and other liabilities not included on lines 17-24) Complete Part X
CONTRACT TO D

		parties, and other liabilities not included on lines 17-24). Complete					
		of Schedule D					
	26	Total liabilities. Add lines 17 through 25					
		Organizations that follow FASB ASC 958, check here 🕨 🗌					
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions					
Bal	28	Net assets with donor restrictions					
<u>n</u>		Organizations that do not follow FASB ASC 958, check here					
Ţ		and complete lines 29 through 33.					
S Of	29	Capital stock or trust principal, or current funds					
set	30	Paid-in or capital surplus, or land, building, or equipment fund					
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fui					
ě	32	Total net assets or fund balances					
_							

	• • • • • • • • • • • • • • • • • • • •
27	Net assets without donor restrictions
28	Net assets with donor restrictions

	Organizations that do not follow FASB ASC 958, check here	\blacktriangleright	X
	and complete lines 29 through 33.		
)	Capital stock or trust principal, or current funds		

29	Capital stock or trust principal, or current funds
30	Paid-in or capital surplus, or land, building, or equipment fund
31	Retained earnings, endowment, accumulated income, or other funds

31	Retained earnings, endowment, accumulated income, or other
32	Total net assets or fund balances
33	Total liabilities and net assets/fund balances

	21	
	22	
	23	
	24	
596,350.	25	626,505.
929,479.	26	2,995,157.
	27	
	28	
0.	29	0.

30

31

32

33

5,441,045. Form **990** (2020)

2,445,888.

2,445,888.

3,127,942.

3,127,942.

4,057,421.

Form	990 (2020) PRINCIPALS	91-0893	L029	Pad	_{le} 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4(
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,17	
3	Revenue less expenses Subtract line 2 from line 1	3	-129	76	54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,127		
5	Net unrealized gains (losses) on investments	5	7	7,71	LO.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-560	0,00	<u>)0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 2	2,445	, 88	38.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш.
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Ì	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)	-	.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1	
	separate basis, consolidated basis, or both				ļ
	Separate basis Consolidated basis Both consolidated and separate basis		-	I.	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				l
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.	-		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	ile Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

3b | Form 990 (2020)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

Aa Was a correction made? b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political	f the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then							
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function activities 4 S Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization is identification number (EIN) of all section 527 political organizations to which the filing organization funds as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political organization.	Name of organization ASSOCIA! PRINCIPA	TION OF WASHINGT ALS			91-0891029			
Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments For each organization listed, enter the amount paid from the filling organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter-0- delivered to a separate political organization's funds If none, enter-0- delivered to a separate political organization's funds If none, enter-0- delivered to a separate political organization's funds If none, enter-0- delivered to a separate political organization's funds If none, enter-0- delivered to a separate political organization's funds If none, enter-0- delivered to a separate political organization's funds If none, enter-0- delivered to a separate political organization's funds If none, enter-0- delivered to a separate pol	Part I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.			
1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b if "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter-0-filing organization's funds. If none, enter-0-golitical organization are political organization.	2 Political campaign activity expenditu	ıres	al campaign activities					
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filing organization's contributions received and funds if none, enter -0- promptly and directly delivered to a separate political organization	•	• •						
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization			
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 PRI	NCIPALS		504/ \/0\	91-	0891029 Page 2		
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
section 501(h)).							
A Check ► I if the filing organization b			n Part IV each affiliated	group member's nan	ne, address, EIN,		
expenses, and share of e		•					
B Check I if the filing organization of	hecked box A a	nd "limited control" pro	ovisions apply		T		
Limits on (The term "expenditure	Lobbying Expe			(a) Filing organization's	(b) Affiliated group totals		
(The term expenditure			,	totals			
1a Total lobbying expenditures to influence	public opinion (grassroots lobbying)			<u> </u>		
b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)	}				
c Total lobbying expenditures (add lines 1)	a and 1b)						
d Other exempt purpose expenditures			,				
 Total exempt purpose expenditures (add 							
f Lobbying nontaxable amount Enter the	amount from th	e following table in bot	h columns		 		
If the amount on line 1e, column (a) or (b) is	. The lol	bying nontaxable am	ount is:				
Not over \$500,000	20% of	the amount on line 1e					
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	ess over \$500,000				
Over \$1,000,000 but not over \$1,500,00	0 \$175,0	00 plus 10% of the exc	ess over \$1,000,000				
Over \$1,500,000 but not over \$17,000,0	00 \$225,0	00 plus 5% of the exce	ss over \$1,500,000				
Over \$17,000,000	\$1,000	,000					
					1		
g Grassroots nontaxable amount (enter 25					 		
h Subtract line 1g from line 1a. If zero or le	•						
i Subtract line 1f from line 1c If zero or le	•		L.		<u></u>		
j If there is an amount other than zero on		line 1, did the organiza	ation file Form 4720		— —		
reporting section 4911 tax for this year?			0 11 70441		Yes No		
(Some organizations that m		eraging Period Under		f the five columns h	alou		
(Some organizations that in		ate instructions for li		tile live columns b	elow.		
		nditures During 4-Yea					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount					·-··		
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures	c rotal looplying experiditures						
d Cracerosta pontavable amount							
d Grassroots nontaxable amount		-	*		 		
e Grassroots ceiling amount (150% of line 2d, column (e))							
(1507) of life 20, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990 EZ) 2020 PRINCIPALS 91-08910

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(1	b)
of the lobbying activity	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			Ĺ <u>. </u>	
Part III-A Complete if the organization is exempt under section 501(c)(4), se	ction 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	ļ	X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures fro	m the prior year?	3	A	X
Part III-B Complete if the organization is exempt under section 501(c)(4), se				O :-
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	ea "No" OR (b) Part I	II-A, IIne	3, IS
answered "Yes."				
Dues, assessments and similar amounts from members		1.1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	olitical		i	
expenses for which the section 527(f) tax was paid).			1	
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			i	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a	nd political		1	
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (See instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated g	roup list), Part II-A	A, lines 1 ai	nd 2 (See	
instructions), and Part II-B, line 1 Also, complete this part for any additional information				
PART III-A, LINE 1				
More must 004 or mur Memberguth blied dolledmen by a	מ שמא מסע	ים חדג	ע ד רייט	. т
MORE THAN 90% OF THE MEMBERSHIP DUES COLLECTED BY A	NOT MAE P.	מ מדע	I LIOCA	111
GOVERNMENTS. AWSP ADVOCATES ON BEHALF OF ITS MEMBER:	с тиропоч	TTC		
GOVERNMENTS: AWSP ADVOCATES ON BEHAUF OF ITS MEMBER.	3 IIIKOUGII	110		
COMPONIMENTAL DELATIONE PERODE MUTCH FOCIERE ON TRA	OKING LEG	T CT. A TY	T 1772	
GOVERNMENTAL RELATIONS EFFORT, WHICH FOCUSES ON TRAC	CUTMO DER	TOTAL.	T A 12	
אסססססס אאר ∧שעסס דפפוופפ ססססאדאדאור ש∧ אססססס ססריים אורו	ለጋጥ ተለነረ ጥ ህ	E .		
UPDATES AND OTHER ISSUES PERTAINING TO MEMBERS, PRO	MOTING TH	<u> </u>		
ספינות אונים אונים הני אונים של אונים הני אונים הני אונים הני אונים הני אונים הני אונים הני אונים הני אונים הנ הני אונים אונים הני אונים הני אונים הני אונים הני אונים הני אונים הני אונים הני אונים הני אונים הני אונים הני	CAMDIDAM	ውሮ ው∕፣	ם אפפי	· CE
ORGANIZATION'S LEGISLATIVE PLATFORM, AND SUPPORTING				
	Schedul	e C (Form	990 or 990	J-EZ) 202
732043 12-02-20				

Schedule C (Form 990 or 990-EZ) 2020 PRINCIPALS	91-0891029 Page 4
Part IV Supplemental Information (continued)	
AWSP ALSO WORKS IN CONJUNCTION WITH ITS AFFILIATE POLITICAL	ACTION
COMMITTEE, THE AWSP-WASHINGTON SCHOOL PRINCIPALS LEGISLATIVE	EFFECTIVENESS
ASSOCIATION (AWSP-WSPLEA). THE POLITICAL ACTION COMMITTEE IS	FUNDED BY
VOLUNTARY CONTRIBUTIONS FROM MEMBERS. NONE OF AWSP'S MEMBERS	HIP DUES
SUPPORT THE COMMITTEE.	
	····
<u> </u>	
	-
Schedul	e C (Form 990 or 990-EZ) 2020

SCHEDULE D

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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ASSOCIATION OF WASHINGTON SCHOOL

Employer identification number 91_0891029

Da	PRINCIPALS t L Organizations Maintaining Donor Advises	d Funds or Other Similar Funds	91-0091029				
Pai			or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year	<u>_</u>					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only				
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring				
	impermissible private benefit?	·	Yes No				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)					
	Preservation of land for public use (for example, recreating	tion or education) Preservation of a	a historically important land area				
	Protection of natural habitat	· —	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last				
_	day of the tax year		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
	•						
_	c Number of conservation easements on a certified historic structure included in (a) 2c						
u	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register						
^	listed in the National Register	agged extensively of terminated by the	<u> </u>				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the t	organization during the tax				
	Number of states where preparty subject to concentation and	coment is located					
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per	<u> </u>	□ v _{aa} □ v _a				
_	violations, and enforcement of the conservation easements it		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing conse	ervation easements during the year				
_	A						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and emorcing conservation	on easements during the year				
_	December 2011 shows a second was a line 2011 shows	and the the requirements of control 170%	\(A\\(\D\(\G\)				
8	Does each conservation easement reported on line 2(d) above	e sausiy the requirements of section 170(ii)					
_	and section 170(h)(4)(B)(ii)?		- -				
9	In Part XIII, describe how the organization reports conservation	·					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	its that describes the				
Par	organization's accounting for conservation easements t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets				
1 41	Complete if the organization answered "Yes" on Form		or ormal Addets.				
	If the organization elected, as permitted under FASB ASC 95		d halance sheet works				
ıa	•						
	of art, historical treasures, or other similar assets held for pub	·	·				
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,				
	provide the following amounts relating to these items		> 4				
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treat		gain, provide				
	the following amounts required to be reported under FASB A	SC 958 relating to these items					
а	Revenue included on Form 990, Part VIII, line 1		\$				
b	Assets included in Form 990, Part X						

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

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Schedule D (Form 990) 2020

	dule D (Form 990) 2020 PRINCIP						0: :1		91029	Page 2
Par	t III Organizations Maintaining C								S (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the f	following that	t make s	ignificant	use of its		
	collection items (check all that apply)									
а	Public exhibition	(d 🔲	Loan or exc	hange progra	am				
b	Scholarly research	(e 🔲	Other						
С	Preservation for future generations						<u></u> -		-	
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	on's exe	mpt purpa	se in Part	XIII	
5	During the year, did the organization solicit of									
_	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran					"Yes" or	Form 990). Part IV.		
	reported an amount on Form 990, Pa			3				, , ,	,	
1a	Is the organization an agent, trustee, custodi		diary for o	contribution:	s or other ass	sets not	ıncluded			
	on Form 990, Part X?		,						Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	ahle						
b	Amount									
	Beginning balance						1c		7 anount	
ب 2	* *						1d	<u> </u>		
	Additions during the year									
e	e Distributions during the year									
T	f Ending balance 1f Yes No. N						□ No			
	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No									
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10									
	Endownient: ander Complete		1		(c) Two year			voore book	(a) Faur	oare back
	Decree of the balance	(a) Current year	(6) P	rior year	(C) TWO year	15 DAUK	(a) Illiee	years back	(e) Four y	ears back
1a										
	b Contributions									
	c Net investment earnings, gains, and losses									
	d Grants or scholarships									
е	e Other expenditures for facilities									
	and programs		 							
	Administrative expenses		1						-	
g										
2	Provide the estimated percentage of the curr	rent year end baland		j, column (a))) held as					
а	Board designated or quasi-endowment		_%							
	Permanent endowment >	%								
C		.%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held ar	nd administer	ed for th	ne organiz	ation		
	by Yes No									
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment f	unds						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o		' '	or other		ccumulat		(d) Book	value
		basis (investi	ment)	basis	(other)	de	preciation	<u> </u>		
1a	Land	ļ								
b	Buildings									
С	Leasehold improvements			<u> </u>	C 110		265 1	10	242	
d	Equipment				6,149.		367, <u>4</u>			<u>,731.</u>
<u> </u>	Other			11	1,720.		56,8	08.		<u>,912.</u>
Total	I. Add lines 1a through 1e (Column (d) must e	oual Form 990 Part	X colum	nn (R) line 1	()c)			▶	403	,643.

Schedule D (Form 990) 2020

	_			
Schedule	D i	(Form	990)	2020

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Part VII Investments - Other Securities.	F 000 B B/ I	14b 0 - 5 - 000 D. N. b. 10	
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation Cost or end-	of-vear market value
(1) Financial derivatives	(b) book value	(b) Moured of Valuation Cook of City	- you manner value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)	-		
(C)			
(D)			
(E)			
(F)			<u> </u>
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	11c See Form 990, Part X, line 13 (c) Method of valuation Cost or end-or	of-vear market value
· · · · · · · · · · · · · · · · · · ·	(b) Dook value	(5) Mountain of Tanadian Cost of End (,
(1)			
(2)			
(4)	···		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) INTERCOMPANY RECEIVABLE			1,090,845.
(2)			
(3)			
(4)	·		
(5)			
(6)			
(7)			
(8)			
(9)			1,090,845.
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.		<u> </u>	1,000,040.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	/63 D = = (1 · · · ·)
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	TTT DETONIC		()(505
(2) PAYABLE TO COMPONENT ORGAN	ITZATIONS		626,505.
(3)			
(4)			
(5)			
(6)			-
(8)			
(9)			626,505.
Total. (Column (b) must equal Form 990. Part X, col. (B) line	7E 1		

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 PRINCIPALS		91-0891029 Page 4
Part XI Reconciliation of Revenue per Audited Finance	ial Statements With Revenu	e per Return.
Complete if the organization answered "Yes" on Form 990, F	Part IV. line 12a	
Total revenue, gains, and other support per audited financial statem		1
	ients	<u> </u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	4a	
•	4b	
b Other (Describe in Part XIII)	40	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990. Part	I. line 12.)	5
Part XII Reconciliation of Expenses per Audited Finan	ciai Statements with Expens	ses per Heturn.
Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
	2b	
b Prior year adjustments		
c Other losses	2c	
d Other (Describe in Part XIII)	2d_	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
		40
c Add lines 43 and 4h		
c Add lines 4a and 4b 5. Total expenses Add lines 3 and 4c. (The must equal Form 000, Par	d I line 10)	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	·	5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par Part XIII Supplemental Information.	1a and 4, Part IV, lines 1b and 2b, P	5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990. Par Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, P	5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, P	5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, P	5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, P	5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, P	5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, P	5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, P	5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, P	5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b and 2b, P	5

SCHEDULE J (Form 990)

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.

Name of the organization

Department of the Treasury

ASSOCIATION OF WASHINGTON SCHOOL PRINCIPALS

Employer identification number 91-0891029

OMB No. 1545-0047

Inspection

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b 4c c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5а a The organization? 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 not described on lines 5 and 69 If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2020

Regulations section 53 4958-6(c)?

91-0891029

PRINCIPALS

Schedule J (Form 990) 2020

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	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)-(J)(B)	in column (B) reported as deferred on prior Form 990
(1) SCOTT SEAMAN	€	172,467.	0	0.	5,508.	34,158.	212,133.	0
EXECUTIVE DIRECTOR	<u>.</u>	0	0	0.		0.	0	0.
	Ξ							
	(ii)							
	Ξ							
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Schedule J (Form 990) 2020

ASSOCIATION OF WASHINGTON SCHOOL PRINCIPALS

Schedule J (Form 990) 2020

Provide 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 for any additional information Part III Supplemental Information

Page 3

91-0891029

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032113 12-07-20

SCHEDULE O

Internal Revenue Service

Department of the Treasury

(Form 990 or 990-EZ)

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATION OF WASHINGTON SCHOOL PRINCIPALS

Employer identification number 91-0891029

FORM 990, PART VI, SECTION A, LINE 6: AWSP HAS FOUR MEMBER CLASSES: ACTIVE MEMBERSHIP, ASSOCIATE AND INSTITUTIONAL MEMBERSHIP, EMERITUS MEMBERSHIP, AND INTERN MEMBERSHIP. ACTIVE MEMBERSHIP INCLUDES MEMBERSHIP IN LOCAL AND STATE COMPONENT GROUPS AND NATIONAL PRINCIPALS' GROUPS. ACTIVE MEMBERSHIP IS LIMITED TO PRINCIPAL/ASSISTANT PRINCIPALS CURRENTLY IN ADMINISTRATIVE POSITIONS. ASSOCATE AND INSTITUTIONAL MEMBERSHIP IS AVAILABLE FOR MEMBERS OF THE EDUCATION PROFESSION, ACTIVE OR RETIRED, WHO ARE NOT ELIGIBLE FOR ACTIVE MEMBERSHIP STATUS. EMERITUS MEMBERSHIP STATUS IS RESERVED FOR FORMER ACTIVE MEMBERS WHO HAVE RETIRED FROM PRINCIPALSHIP. INTERN MEMBERSHIP IS AVAILABLE FOR INDIVIDUALS WHO ARE ACTIVELY SEEKING A PRINCIPALSHIP. AWSP'S EXECUTIVE BOARD DETERMINES SERVICES PROVIDED TO THESE CLASSES AND DETERMINES THEIR MEMBERSHIP FEES. ASSOCIATED AND INSTITUTIONAL, EMERITUS, AND INTERN MEMBERS MAY NOT VOTE OR HOLD OFFICE. FORM 990, PART VI, SECTION A, LINE 7A: ACTIVE MEMBERSHIP IN AWSP CONSISTS OF PRINCIPALS AND ASSISTANT PRINCIPALS FROM ANY OF THREE AFFILIATED GROUPS (ESPAW FOR ELEMENTARY SCHOOL LEVEL, AWMLP FOR MIDDLE SCHOOL LEVEL, AND WASSP FOR SECONDARY LEVEL). MEMBERS OF THESE AFFILIATED GROUPS AUTOMATICALLY BECOME MEMBERS OF AWSP. AWSP DOES NOT DIRECTLY ELECT BOARD MEMBERS. THE AFFILIATED ORGANIZATIONS ELECT THEIR BOARDS FROM WITHIN THEIR MEMBERSHIP. SPECIFIC BOARD POSITIONS OF THE AFFILIATED ORGANIZATION BECOME AWSP BOARD MEMBERS. THE AWSP PRESIDENT-ELECT-IS NOMINATED FROM ONE OF THE AFFILIATED ORGANIZATIONS ON AN ANNUAL ROTATING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or Name of the organization	ASSOCIATION PRINCIPALS	OF WASHINGTON	SCHOOL	Employer identification number 91-0891029
UNCOLLECTIBLE	RECEIVABLE		<u> </u>	-560,000.
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	- -			
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SCHEDULE R (Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

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.

2020 Open to Public Inspection OMB No 1545-0047

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

ASSOCIATION OF WASHINGTON SCHOOL PRINCIPALS

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

Employer identification number 91-0891029

(g) Section 512(b)(13) controlled entity? å Direct controlling entity 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 Ξ Direct controlling entity End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity Total income Exempt Code 9 section Legal domicile (state or Legal domicile (state or foreign country) foreign country) PROVIDES K-12 EDUCATION SUPPORT FOR PUPILS AND Primary activity Primary activity FOUNDATION - 91-1153112, 1021 8TH AVE SE, WASHINGTON SCHOOL PRINCIPALS EDUCATION Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II

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

032161 10-28-20 LHA

Schedule R (Form 990) 2020

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N/A

LINE 7

501(C)(3)

WASHINGTON

PROFESSIONALS.

98501

OLYMPIA, WA

PRINCIPALS Schedule R (Form 990) 2020

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

Page 2

91-0891029

(a)	(q)	(c)	(p)	(e)	(J)	(6)	<u>(E)</u>	(E)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
		country)						Yes No
							•	
								1
								<u>.</u>
						Sche	Schedule R (Form 990) 2020	990) 202(

ASSOCIATION OF WASHINGTON SCHOOL PRINCIPALS

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Schedule R (Form 990) 2020

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

Page 3

91-0891029

Yes No

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	ated organizations listed	n Parts IHV?	-	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		•		1a	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				19	×
e Loans or loan guarantees by related organization(s)				- 1	⋈ [
f Dividends from related organization(s)				+	×
g Sale of assets to related organization(s)					×
				1 ¹	×
i Exchange of assets with related organization(s)				ij	×
j Lease of facilities, equipment, or other assets to related organization(s)				i.	×
k Lease of facilities, equipment, or other assets from related organization(s)	:			<u> </u>] :
 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) 	nization(s) nization(s)			= =	× ×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			×	
o Sharing of paid employees with related organization(s)				₩	
 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 				1p	
 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 				<u>-</u> -	
for	ho must complete th	s line, including covered i	information on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
WASHINGTON SCHOOL PRINCIPALS EDUCATION (1) FOUNDATION	Z	9,600.	FMV		
WASHINGTON SCHOOL PRINCIPALS EDUCATION 2) FOUNDATION	0	99,709.	FMV		,
3)					
4)					
(2)					
(9)					
32163 10-28-20	29		Schedul	Schedule R (Form 990) 2020	020

Page 4

Schedule R (Form 990) 2020

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

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

	(k) rcentage vnership					
	al or Pe ging Ov	: 				
	General or managing partne?					
	(h) (i) (k) (k) bispropur Code V-UBI Cenneal or Percentage tonate amount in box 20 managing ownership of Schedule K-1 partner? Of Schedule K-1 partner?					
	(h) Disproportionate allocations? Yes No				-	
	Se light Dis		 			
	(g) Share of end-of-year assets					
	(f) Share of total Income					
	(e) Are all Solic)(3) Orgs Orgs Ves No					
	Are all partners sec 501(c)(3) Orgs No					
sion for certain investment partnerships	Predominant income (related, unrelated, excluded from tax under sections 512-514)					
	(c) Legal domicile (state or foreign (country)					
ructions regarding exclus	(b) Primary activity					
that was not a related organization. See instructions regarding excitision for certain investment partnerships	(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2020