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

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

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

	A F	or the	2020 calend	ar year, or tax year beginning July 1 , 20	20, and ending	J	une 30	<b>, 20</b> 21
	Вс	heck if ap	plicable	C Name of organization		D Empl	oyer ider	ntification number ?
ļ	<u> </u>	Address c	hange	Canyon-Owyhee School Service Agency (COSSA) Foundation, Inc	:		27-	0427652
	$\overline{}$	Name cha	-	Number and street (or P O. box if mail is not delivered to street address)	Room/suite	E Telep	hone nun	nber
77	=	nitial retur	m n∕terminated	109 Penny Lane			208	-482-6074
2	_	-ınaı retun Amended		City or town, state or province, country, and ZIP or foreign postal code	03	F Grou	ıp Exem	ption
C	=		n pending	Wilder, Idaho 83676	07	Num	ber 🕨	? None
, I	G A	ccount	ing Method	✓ Cash	Н	Check I	► 🗹 ıf 1	the organization is not
5	ı v	/ebsite	:► www	cossaschools org				ch Schedule B
$\supseteq$	J Ta	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(	1) or 527	(Form 9	90, 990-	EZ, or 990-PF).
			organization:					
	L A	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if tota	l assets		
Z	(Par	t II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	115,965
2	Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	ances (see the	instruc	tions f	
3			Check if	the organization used Schedule O to respond to any questi	on in this Part I			🗹
7	?	1	Contribution	ns, gifts, grants, and similar amounts received			1	115,965
	?	2	Program se	ervice revenue including government fees and contracts			2	0
	?	3	Membersh	p dues and assessments			3	0
,	?	4	Investment	income			4	0
)		5a	Gross amo	unt from sale of assets other than inventory	5a	0		
		b	Less: cost	or other basis and sales expenses	5b	0		
		С		s) from sale of assets other than inventory (subtract line 5b fro	m line 5a)		5c	0
		6	Gaming an					
	4	а		ome from gaming (attach Schedule G if greater than				
	Jue	\$15,000)						
	Revenue	b			o of contribution	ns	1	
	æ			aising events reported on line 1) (attach Schedule G if the				
				<u> </u>	6b	0		
					6c	0		
		d		e or (loss) from gaming and fundraising events (add lines 6a	and 6b and su	btract		
		_	line 6c) .				<u>6d</u>	0
		7a		· · · · · · · · · · · · · · · · · · ·	7a	0		
		b		3	7b	0		
		C	•	t or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	0
		8		nue (describe in Schedule O)			8	0
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	<u>. P</u>	9	115,965
		10 11		similar amounts paid (list in Schedule 0)	CEIVED	7	10	112,966
	s	12	•	id to or for interribers		انان	12	0
	4	13	Drofossion	her compensation, and employee benefits	1 2 2021	<u> </u>		0
	ē	14	Coupers	r, rent, utilities, and maintenance	- M CDC1 .	RS-0	13	0
	Expense	15		blications, postage, and shipping	\	ল :	15	- 0
	_	16		nses (describe in Schedule O)	DEN, UT	1	16	0
		17		nses (describe in Schedule O) 2		<b>-</b>	17	112,966
•		18		deficit) for the year (subtract line 17 from line 9)	<u> </u>	• •	18	2999
	Net Assets	19		or fund balances at beginning of year (from line 27, column	(A)) (must agree	with		2777
	SS			r figure reported on prior year's return)			19	15,446
	it A	20	-	ges in net assets or fund balances (explain in Schedule O)		· ·	20	- 13,440
	ž	21		or fund balances at end of year. Combine lines 18 through 20			21	18,445
			. 101 400010	or raina balances at one or year. Combine lines to tillough 20	<u> </u>	<u>· · · ·                                </u>		10,445

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form **990-EZ** (2020)



?

Part II	Balance Sheets (see the instructions t	or Part II)				<del></del>
	Check if the organization used Schedule	•	ny question in this	Part II		🖂
			-	(A) Beginning of year		(B) End of year
<b>22</b> Cas	sh, savings, and investments			15,446	22	18,445
	d and buildings				23	0
	er assets (describe in Schedule O)				24	0
	al assets			15,446	$\overline{}$	18,445
-	al liabilities (describe in Schedule O)				26	0
	assets or fund balances (line 27 of column	(B) must agree with	n line 21)	15,446		18,445
Part III	Statement of Program Service Accom				1	
	Check if the organization used Schedule	•		,		Expenses
What is the		Support COSSA's ur	<u> </u>			quired for section
						(c)(3) and 501(c)(4) anizations; optional for
	ne organization's program service accompli ed by expenses. In a clear and concise m					ers.)
	enefited, and other relevant information for ea		c scrvices provide	a, the number of		
. <del></del>	am Title Donation of items. Benefits approxima		lents Description: I	tems donated to		
	oundation are then transferred to the COSSA Re					Ì
	Academy, in one of the 10 career technical pro					
? (Gran		includes foreign gra			28a	59.865
					200	37,603
	am Title Donation of cash Benefits approxima A Regional Technology and Education Center (					
	SSA Academy, one of the career technical prog				<b>29</b> a	E2 400
(Gran		includes foreign gra			296	52,600
	am Title Donation of CTE Clothing/Assistance.					
	to needy COSSA Regional Technology and Ed					
	asing shop clothing, and/or safety shoes, and/o					504
(Gran	" "" "	includes foreign gra		· · · <b>P</b> 🔲	30a	501
	program services (describe in Schedule O)					
(Gran		includes foreign gra			31a	
	program service expenses (add lines 28a t				32	
Part IV	List of Officers, Directors, Trustees, and Key				istru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar		· · · · · · · · · · · · · · · · · · ·	· ·	· · · · <u> </u>
	<b>5</b>	(b) Average	(c) Reportable 2 compensation	(d) Health benefits, contributions to employe	e (e)	Estimated amount of
	? (a) Name and title	hours per week devoted to position	(Forms W-2/1099-MIS	benefit plans, and	1.3	other compensation
			(if not paid, enter -0-	deferred compensation	4	
(1) Harold A	Nevill, Ph D , Executive Director					
<del></del>		5		0	<u> </u>	0
(2) Tom Joh	nston, President					
		1		0	<u> </u>	0
(3) David Va	an Wassenhove, Vice President					
		11		0	0	0
(4) Beverly	Bauer, Secretary/Treasurer					
		2		o	0	0
(5) Roger R	eynoldson, Ph.D , Director				Т	
2-3		1		ol	o	0
(6) Rob Rob	perts, Director				$\neg \vdash$	
323-222		1 1		ol	اه	0
(7) Curt Kra	ntz, Director			_	Ť	<del></del>
(7) Cuit Kita	1112, Director	1		o	٥	0
	· · · · · · · · · · · · · · · · · · ·	•		<del>"</del>	┰	
		1				
					+	
			<del></del>	+	+	
					+-	
	<u> </u>				$\perp$	<del> </del>
		1	1	1	i	

AO

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Pan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	130	~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
<b>.</b>	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b	-	<u> </u>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b	igsquare	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .		. <del> </del>	
_	name in the second of the seco	38a	$\vdash$	~
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	1		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
10a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	-		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶ Idaho	`	•	
42a	The organization's books are in care of ► Harold A Nevill, Ph.D Telephone no. ►	208-48	2-6074	1
	Located at ► CRTEC, 109 Penny Lane, Wilder, Idaho 83676 ZIP + 4 ►	83676	-5207	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>\Delta 43</b>		. •	<b>-</b> 🗆
			Yes	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	446		_
	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	$\vdash$	~
C	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	440	$\vdash$	
d	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del>                                     </del>	~
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	,-Ca	$\vdash$	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45:		
	Form 990-EZ. See instructions	45b	1 1	V

Page	4

								Yes	
46		nization engage, directly or in							
		s for public office? If "Yes,"		, Part I	• • • •	· · ·	· 46		
Part		n 501(c)(3) Organization tion 501(c)(3) organization		stions 47–49h and	52 and co	molete th	a tahlas	for line	26
	50 and		is must answer que	3110113 41 <del>- 43</del> 0 and	52, and 60	inbiete tir	e labies	IOI III IE	50
		if the organization used Sc	hedule O to respond	I to any question in t	his Part VI				
		······································		7				Yes	No
47	Did the orga	nization engage in lobbying	activities or have a	section 501(h) electio	n in effect o	during the	tax		
	year? If "Yes	," complete Schedule C, Par	tll				. 47		~
48	Is the organiz	ation a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		. 48		~
49a		nization make any transfers t							
b		the related organization a se							
50		s table for the organization's who each received more than							а кеу
	employees) (	who each received more than	Tarou,000 or comper	isalion from the organ	Υ	——- <sub>1</sub>	e, enter	None.	
	(a) Name and	d title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health contributions		(e) Estima	ted amou	int of
	(a) Hamo an	a title of caon omployee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, compen		other co	mpensat	ion
					Compan	isation			
one			•						
		***************************************	•						
						i i			
		r of other employees paid ov		· · · — — — — — — — — — — — — — — — — —					
	Complete th	is table for the organization	's five highest comp	ensated independent	contractors	who each	n receive	d more	than
	Complete th \$100,000 of	is table for the organization compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None."	ı				than
	Complete th \$100,000 of	is table for the organization	's five highest componization. If there is no	ensated independent	ı		n receive		than
51	Complete th \$100,000 of	is table for the organization compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None."	ı				than
51	Complete th \$100,000 of	is table for the organization compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None."	ı				than
51	Complete th \$100,000 of	is table for the organization compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None."	ı				than
51	Complete th \$100,000 of	is table for the organization compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None."	ı				than
51	Complete th \$100,000 of	is table for the organization compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None."	ı				than
51	Complete th \$100,000 of	is table for the organization compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None."	ı				than
51	Complete th \$100,000 of	is table for the organization compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None."	ı				than
51	Complete th \$100,000 of	is table for the organization compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None."	ı				than
51	Complete th \$100,000 of	is table for the organization compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None."	ı				than
one	Complete th \$100,000 of (a) Name and	is table for the organization compensation from the orga	's five highest compinization. If there is no dent contractor	ensated independent ne, enter "None." (b) Type of serv	ı	(c)	) Compense		than
d	Complete th \$100,000 of  (a) Name and  Total numbe	r of other independent contr	's five highest compinization. If there is no dent contractor	ensated independent ne, enter "None." (b) Type of serv	ice	(c)	) Compense		than
d	Complete th \$100,000 of  (a) Name and  Total numbe  Did the org	r of other independent contranzation complete Schedungston complet	's five highest compinization. If there is no dent contractor	ensated independent ne, enter "None."  (b) Type of serve over \$100,000	nice  ▶_ nizations m	(c)	O a	tion	
one d	Complete th \$100,000 of  (a) Name and  Total numbe  Did the org  completed S	r of other independent contral anization complete Schedichedule M	's five highest composition. If there is no dent contractor  actors each receiving ule A? Note: All seconds	ensated independent ne, enter "None."  (b) Type of serve over \$100,000	nizations m	ust attach	O a ✓ Ye	s	No.
d d	Total numbe Did the org completed S enalties of persur	r of other independent contranzation complete Schedungston complet	's five highest compinization. If there is no dent contractor  actors each receiving ule A? Note: All services in the companion of the compani	over \$100,000	nizations m	ust attach	O a ✓ Ye	s	No.
d d	Total numbe Did the org completed S enalties of persur	r of other independent contral anization complete Schedichedule Af	's five highest compinization. If there is no dent contractor  actors each receiving ule A? Note: All services in the companion of the compani	over \$100,000	nizations m	ust attach	O a ✓ Ye	s	No.
d d 552	Total numbe Did the org completed S enalties of perjury rect, and comple	r of other independent contral anization complete Schedichedule Af	's five highest composition. If there is no dent contractor  actors each receiving ule A? Note: All second actors	over \$100,000	nizations m	ust attach best of my kr	O a ✓ Ye	s	No.
one  d 52  nder p ue, coi	Total numbe Did the org completed S enalties of perjungtect, and completed Sign. Hard	r of other independent contra complete Schedichedule A	's five highest compinization. If there is no dent contractor  actors each receiving ule A? Note: All serving, including accompaning officer) is based on all info	over \$100,000	nizations m	ust attach best of my kr	O a ✓ Ye	s	No.
d d 52	Total numbe Did the org completed S enalties of perjungtect, and completed Sign. Hard	r of other independent contra complete Schedichedule A, I deglare that I have examined this te Declaration of preparer (other than acture of officer	's five highest compinization. If there is no dent contractor  actors each receiving ule A? Note: All serving, including accompaning officer) is based on all info	over \$100,000	nizations m	ust attach best of my kr	On a  ✓ Ye  nowledge an	s	No.
d d 52	Total numbe Did the org completed S enalties of perjury rect, and comple	r of other independent contra complete Schedichedule A	's five highest compinization. If there is no dent contractor  actors each receiving ule A? Note: All serving, including accompaning officer) is based on all info	over \$100,000	nizations m	best of my kr	O Ye owiedge ar	s	No.
d d 552	Total numbe Did the org completed Senalties of perjunyrect, and comple	r of other independent contral anization complete Schedichedule Al	's five highest compinization. If there is no dent contractor  actors each receiving ule A? Note: All serving, including accompaning officer) is based on all info	over \$100,000	nizations m	best of my kr	O Ye owiedge ar	s	
one d 52 nder p lere	Total numbe Did the org completed S enalties of perjury rect, and comple	r of other independent contranization complete Schedichedule A).  7, I degare that I have examined this te Declaration of preparer (other than ature of officer old A Nevill, Ph.D, COSSA For or print name and title pe preparer's name	's five highest compinization. If there is no dent contractor  actors each receiving ule A? Note: All serving, including accompaning officer) is based on all info	over \$100,000	nizations m ents, and to the has any knowled Date	best of my kr	O Ye owiedge ar	s	No

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Open to Public Inspection

**Employer identification number** 

Canyon-Owyhee School Service Agency (COSSA) Foundation, Incorporated 27-0427652 Reason for Public Charity Status, (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) None (B) (C) (D) (E) **Total** 

Part							
	(Complete only if you checked the						álify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support			,	·		_
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	N			1		
2	Tax revenues levied for the	None				/	
_	organization's benefit and either paid to					/	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a			Ì			
	governmental unit or publicly supported organization) included on			/			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support			/			
Caler	dar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	None	<i></i>				
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business		7				
	s regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	(see instruction	nne)	l	1	12	
13	First 5 years. If the Form 990 is for the	i)					on 501(c)(3)
	organization, check this box and stop he	, -					
Secti	ion C. Computation of Public Suppoi	rt Percentag	е				
14	Public support percentage for 2020 (line		•	. ,,,		14	%
15	Public support percentage from 20/19 Sch					15	<u>%</u>
16a	331/3% support test—2020. If the organi						
b	box and stop here. The organization qua 331/3% support test—2019. If the organization			-			_
D	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test-2	•		_			_
	10% or more, and if the organization m	neets the facts	-and-circumst	ances test, ch	neck this box a	nd stop here.	Explain in
	Part VI how the organization meets the						
	organization						· · · <b>►</b> 🗆
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the	e tacts-and-cir	cumstances to	est. The organ	ization qualifies	s as a publicly	supported
18	organization	did not check	a hox on line		 . 17a. or 17b	check this bo	► ⊔ ox and see
10	instructions						▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees					7.7	
	received. (Do not include any "unusual grants.")	35817	53097	119685	168601	115965	493165
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	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	o
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	<u>0</u>
5	The value of services or facilities						
	furnished by a governmental unit to the					_	_
•	organization without charge	0	0	0	0	0	0
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	35817	53097	119685	168601	115965	493165
1 a	received from disqualified persons .					o	0
	· · ·	0	0	O	0	0	0
þ	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	0	0	٥	0	0	n
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support. (Subtract line 7c from						
	line 6.)	İ					493165
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	35817	53097	119685	168601	115965	493165
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	o	0	0	o	o	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	о	o	0	o	0
С	Add lines 10a and 10b	0	0	0	0	Ö	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
40			0	- 0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets						
40	(Explain in Part VI.)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	25247	50007	440405	440404	115045	4021/5
14	First 5 years. If the Form 990 is for the	35817 organization's	53097	third fourth	168601		493165
17	organization, check this box and stop he	-			•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8			13, column (f))		15	100 %
16	Public support percentage from 2019 Sch	• •	-			16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2020 (	line 10c, colum	n (f), divided b	y line 13, colui	mn (f))	17	0 %
18	Investment income percentage from 2019	Schedule A, F	Part III, line 17			18	o %
19a	331/3% support tests-2020. If the organi						
	17 is not more than 331/3%, check this box		_			_	_
b	331/3% support tests—2019. If the organiz						
	line 18 is not more than 331/3%, check this b		_			_	
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌

## Part IV Supporting Organizations

**Section A. All Supporting Organizations** 

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

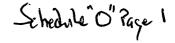
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, 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 <b>Part VI</b> how the organization determined that the supported			İ
_	organization was described in section 509(a)(1) or (2).	2		L
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <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) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supported by any connection with its supported organizations.			
	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		,	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		ļ.,
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
		9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part I	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 lines 11b and 11c below, the governing body of a supported organization?			
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			-
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>		
<del></del>	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			ŀ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	'see ın	struct	ions).
2	Activities Test, Answer lines 2a and 2b below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	_		
	one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			]
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ns A through E.
Sec	tion 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		
	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally ı	ntegrated Type III support	ing organization

Part	l ype III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	)
Secti	on D-Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-			
6	Other distributions (describe in Part VI). See instructions.		- 6	
7	Total annual distributions. Add lines 1 through 6.	L 41	7	<u> </u>
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	n the organization is res	•	
	· · · · · · · · · · · · · · · · · · ·		3	
9	Distributable amount for 2020 from Section C, line 6		9	<u> </u>
10	Line 8 amount divided by line 9 amount		10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			<del> </del>
	From 2015			
<u> </u>	From 2016			
	From 2017			
<u>d</u>	From 2018			
	From 2019			
f	Total of lines 3a through 3e			
<u>g</u> h	Applied to underdistributions of prior years  Applied to 2020 distributable amount		<del></del>	
<u>;</u>	Carryover from 2015 not applied (see instructions)			
<del>_</del>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		· · · · · · · · · · · · · · · · · · ·	
4	Distributions for 2020 from			_
•	Section D, line 7. \$			
<u>а</u>	Applied to underdistributions of prior years			
<u>_</u>	Applied to 2020 distributable amount			
C	Remainder, Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7 <sup>-</sup>			
	Excess from 2016		,	
<u>u</u>	Excess from 2017		· · · · · · · · · · · · · · · · · ·	
	Excess from 2018			
<u>d</u>	Excess from 2019			
е	Excess from 2020			

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.)
Not applica	able for fiscal year 2021
***************************************	
	, <del></del>



**Employer identification number** 

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

Department of the Treasury

#### 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.

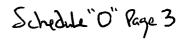
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

27-0427652 Canyon-Owyhee School Service Agency (COSSA) Foundation, Incorporated 990-EZ Part I 1 During FY21 the COSSA Foundation received \$115,965 in total donations as follows: 8/12/2020. \$1,000 (actual value) cash. From Wilder Rod & Gun Club 8/12/2020 \$15,500 (estimated value) steel building for steam pad. From R&M Steel. 9/17/2020 \$1,484 (estimated value) daycare supplies. From Andrea McRae. 10/8/2020. \$795 (estimated value) squat rack From Wilder School District 10/8/2020 \$1,499 (estimated value) Bowflex exercise machine From Wilder Rural Fire District 10/19/2020 \$620 (estimated value) Tektronix o'scope From Dr Nevill. 10/21/2020 \$600 (estimated value) drones. From Mark Williamson 10/23/2020 \$1,001.50 (estimated value) staff logo shirts From Dr Nevill 11/23/2020 \$338 54 (estimated value) 20 frozen turkeys From Dr. Nevill. 11/23/2020 \$1000 (actual value) cash. From Southwest Idaho Legacy Organization (SILO) 12/1/2020 \$160 (estimated value) sparring gear From Dr. Nevill 12/1/2020. \$200 (estimated value) 8 winter coats From Wilson's Point S Auto Service 12/8/2020 \$10,000 (actual value) cash From Robert & Elaine Batt Foundation 12/8/2020 \$500 (actual value) cash. From Caldwell Veteran's Council 12/10/2020 \$100 (actual value) cash From CapEd. 12/15/2020 \$800 (estimated value) lumber From Dr Nevill 12/18/2020 \$5,500 (estimated value) steel siding and roofing From R&M Steel 1/18/2021 \$208 97 (estimated value) Brother printer/scanner From Marcie Little. 2/19/2021. \$500 (estimated value) food, clothing, hygiene products From Parma Sunshine Cupboard 2/19/2021 \$500 (estimated value) food, clothing, hygiene products From Parma Senior Center 2/23/2021. \$1,000 (estimated value) 2000 Subaru Forester From Rory & Sisti O'Connor 3/2/2021 \$500 (estimated value) baking ware From Dan Rozak 3/11/2021. \$100 (estimated value) socks and flip-flops From Dan Rozak 3/16/2021. \$20,000 (actual value) cash From Jeker Foundation

	To the state of th	· age =
Name of the organization  Canyon-Owyhee School Service Agency (COSSA) Foundation, Incorporated	Employer identification number 27-0427652	
990-EZ Part I. 1 Continued.		
3/19/2021 \$500 (estimated value) washer/dryer set. From Parma Rural Fire Department.		
3/19/2021. \$250 (estimated value) food. From Parma Sunshine Cupboard		
3/1/9/2021 \$250 (estimated value) food From Parma Senior Center		
3/23/2021. \$500 (estimated value) clothing and hygiene products. From Dan Rozak.		
4/8/2021. \$1,500 (estimated value) clothing and hygiene products. From Nadine Jemmet		
4/8/2021 \$325 (estimated value) Linde high frequency welder. From West Valley Medical Center		
4/21/2021. \$500 (estimated value) food, clothing, shoes. From Parma Sunshine Cupboard		
4/21/2021. \$1,000 (estimated value) coats, dresses, shoes From Dan Rozak.		
4/21/2021 \$1,000 (estimated value) Apple iPhone 8 From Tom Johnston		
4/22/2021 \$1,000 (estimated value) clothing From Chris Fuller.	•••••	
4/28/2021. \$500 (estimated value) food, hygiene products, coats, shelfs From Dan Rozak		
4/29/2021. \$300 (estimated value) clothes, shoes. From St Vincent de Pauls		
5/3/2021 \$100 (estimated value) chips, soda. From Industrial and Trade Teachers Association (ITTA)		
5/4/2021 \$1632 99 (estimated value) tools. From Raul Lopez	••••	
5/25/2021 \$17,000 (estimated value) hyster, two Ford trucks From DasCo		
5/25/2021 \$200 (estimated value) clothing From Dr Nevill	••••	
6/9/2021 \$2,000 (estimated value) tool boxes, wrenches From Jennifer Lasley		
6/28/2021 \$15,000 (actual value) cash From Bruce Mitchell Foundation		
6/28/2021 \$8,500 (actual value) cash From United Way of Treasure Valley		
990-EZ Part I 18. Excess for year = \$2,999 Bruce Mitchell Foundation Donation \$15,000 not yet processed	\$499 of the 8/12/2020 Wilder	Rod
and Gun Club donation remained unspent \$500 of 12/8/2020 Caldwell Veteran's Council donaton remained	unspent -\$13,000 Robert an	nd
Elaine Batt Scholarships (\$8000 + \$5000 = \$13,000) issued in previous fiscal year were processed by the ba	ank this fiscal year	
990-EZ Part I 20. Other changes = \$0		
Continued on Schedule O, Page 3		



#### 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-FZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

Canyon-Owyhee School Service Agency (COSSA) Foundation, Incorporated 27-0427652 990-EZ Part I 21. Net Assets at the end of FY21 = \$18,445 \$2999 excess (Line 18), \$15,446 beginning (Line 19), and \$0 other (Line 20) 990-EZ Part III 28 During FY21 the COSSA Foundation donated the following items, worth \$59,865 to the COSSA Regional Technology and Education Center (CRTEC) 8/12/2020. \$15,500 (estimated value) steel building, donated to CRTEC facilities department for construction of steam pad 9/17/20 \$1,484 (estimated value) daycare supplies, donated to the COSSA Academy Daycare. 10/8/2020 \$795 (estimated value) squat rack, donated to the CRTEC Law Enforcement program of study. 10/8/2020 \$1,499 (estimated value) Bowflex X2 exercise machine, donated to the CRTEC Law Enforcement program of study. 10/19/2020 \$620 (estimated value) Tektronix o'scope, donated to the CRTEC Pre-engineering program of study 10/21/2020 \$600 (estimated value) drones, donated to the CRTEC Pre-engineering program of study 10/23/2020. \$1,001 50 (estimated value) staff logo shirts, donated to the CRTEC staff. 11/23/2020 \$338 54 (estimated value) 20 frozen turkeys, donated to COSSA Academy for Holiday Food Baskets. 12/1/2020. \$160 (estimated value) sparring gear, donated to the CRTEC Law Enforcement program of study. 12/1/2020 \$200 (estimmated value) 8 winter coats, donated to the COSSA Academy Community School Clothes Closet 12/15/2020 \$800 (estimated value) lumber, donated to the CRTEC Construction Trades program of study 12/18/2020 \$5,500 (estimated value) steel siding and roofing, donated to the CRTEC Construction Trades program of study 1/18/2021 \$208.97 (estimated value) Brother printer/scanner, donated to the COSSA district office 2/19/2021 \$500 (estimated value) food, clothing, and hygiene products, donated to COSSA Academy Community School Clothes Closet 2/19/2021, \$500 (estimated value) food, clothing, and hygiene products, donated to COSSA Academy Community School Clothes Closet. 2/23/2021 \$1,000 (estimated value) 2000 Subaru Forester, donated to the CRTEC Automotive Technology program of study 3/2/2021 \$500 (estimated value) baking ware, donated to the CRTEC Culinary Arts program of study and Academy Food Service program. 3/11/2021 \$100 (estimated value) socks and flip-flops, donated to the COSSA Academy Community School Clothes Closet 3/19/2021. \$500 (estimated value) washer/dryer set, donated to the COSSA Academy Community School Clothes Closet 3/19/2021 \$250 (estimated value) food, donated to the COSSA Academy Community School Clothes Closet 3/19/2021 \$250 (estimated value) food, donated to the COSSA Academy Community School Clothes Closet

Page 2

Name of the organization	Employer identification number
Canyon-Owyhee School Service Agency (COSSA) Foundation, Incorporated	27-0427652
3/23/2021. \$500 (estimated value) clothing and hygiene products, donated to the COSSA Academy Com	munity School Clothes Closet
4/8/2021 \$1,500 (estimated value) clothing and hygiene products, donated to the COSSA Academy Com	nmunity School Clothes Closet
4/8/2021 \$325 (estimated value) Linde high frequency welder, donated to the CRTEC Welding program of	of study
4/21/2021. \$500 (estimated value) food, clothing, and shoes, donated to the COSSA Academy Community	ty School Clothes Closet
4/21/2021. \$1,000 (estimated value) coats, dresses, and shoes, donated to the COSSA Academy Commu	ınıty School Clothes Closet.
4/21/2021. \$1,000 (estimated value) Apple iPhone 8, donated to the COSSA Academy Community School	l Clothes Closet
4/22/2021 \$1,000 (estimated value) clothing, donated to the COSSA Academy Community School Clothe	es Closet
4/28/2021 \$500 (estimated value) food, hygiene products, coats, shelves, donated to COSSA Academy Community School Clothes Closet.	
4/29/2021 \$300 (estimated value) clothes and shoes, donated to the COSSA Academy Community Scho	ol Clothes Closet
5/3/2021 \$100 (estimated value) chips and soda, donated to the COSSA Academy Community School C	lothes Closet
5/4/2021 \$1,632 99 (estimated value) tools, donated to the CRTEC Diesel Technology program of study	
5/25/2021 \$17,000 (estimated value) hyster, two (2) Ford trucks, donated to the CRTEC maintenance and	d facilities department
5/25/2021 \$200 (estimated value) clothing, donated to the COSSA Academy Community School Clothes	Closet.
6/9/2021 \$2,000 (estimated value) tool boxes, wrenches, tools, donated to the CRTEC maintenance and	facilities department.
990-EZ Part III 29 During FY21 the COSSA Foundation donated \$52,600 cash to the COSSA Regional Tech	nology and Education Center
(CRTEC) as follows	
Unknown date. \$8000 (actual value) cash, scholarship, check issued in 2020 but did not process at the l	pank until 2021
Unknown date \$5000 (actual value) cash, scholarship, check issued in 2020 but did not process at the l	pank until 2021
11/23/2020 \$1,000 (actual value) cash, donated to the COSSA Academy Community School.	
12/8/2020 \$10,000 (actual value) cash, donated to CRTEC to be issued as CTE student scholarships	
12/10/2020 \$100 (actual value) cash, donated to the COSSA Academy.	
3/16/2021 \$20,000 (actual value) cash, donated to the COSSA Academy Community School	
6/28/2021 \$8,500 (actual value) cash, donated to the COSSA Academy Community School.	
	·
Continued on Schedule O. Page 5	

Schoduli'O" Page 5

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.

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

Name of the organization

Canyon-Owyhee School Service Agency (COSSA) Foundation, Incorporated

27-0427652

990-EZ Part III, 30 During FY21 the COSSA Foundation granted funds to needy COSSA Regional Technoolgy and Education Center (CRTEC)
CTE students to assist them in purchasing shop clothing, and/or safeth shoes, and/or membership or test fees, for their CTE program
of study, as follows \$500 85 of the \$1000 Wilder Rod & Gun Club 8/12/2020 donation. Balance of the grant remains in the Foundation
checking account for future donations to help needy CRTEC CTE students. Actual purchases were:
9/28/2020. Two CTE students assisted with safety shoes Total \$254.40
3/17/2021 Three CTE students assisted with shop clothing. Total \$246 45
990-EZ Part IV All COSSA Foundation Board members and officers are volunteers and are not compensated in any manner from
COSSA Foundation funds
······································