990

Department of the

Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-

Open to Public Inspection

Internal Revenue Service For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020 C Name of organization D Employer identification number **B** Check if applicable: Scholar Fund Address change 81-3153433 Name change % David Coven Initial return Doing business as Final return/terminated Scholarship Junkies E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 LENORA ST PMB 1750 Application pending City or town, state or province, country, and ZIP or foreign postal code Seattle, WA $\,98121\,$ **G** Gross receipts \$ 15,143,479 F Name and address of principal officer: **H(a)** Is this a group return for subordinates? 300 Lenora St **H(b)** Are all subordinates PMB 1750 included? Seattle, WA 98121 If "No," attach a list. (see instructions) Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **H(c)** Group exemption number ▶ Website: L Year of formation: 2016 **M** State of legal domicile: K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: To cultivate and establish a positive impact. We primarily accomplish this by connecting community needs to resources and Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 3 2 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 2 0 Total number of volunteers (estimate if necessary) 7a 3 4 Total unrelated business revenue from Part VIII, column (C), line 12. 7h 0 Net unrelated business taxable income from Form 990-T, line 39 **Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 523,927 9 Program service revenue (Part VIII, line 2g) . . 14,619,518 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 3 4 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,143,479 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 12,421,051 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 618,587 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Exp enses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶0 405,714 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,445,352 Revenue less expenses. Subtract line 18 from line 12 . 1,698,127 Assets or d Balances **Beginning of Current End of Year** Year 2,443,097 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 744,972 Net assets or fund balances. Subtract line 21 from line 20 . 1,698,125 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2023-11-01 Signature of officer Sign David Coven CEO Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check 🔽 if 2023-11-01 P02132943 **Paid** self-employed Firm's name Firm's name Theresa Carlson Accounting Firm's EIN 🕨 20-8170469 **Preparer** Use Only Firm's address > 122 Goodell Rd Phone no. Folsom, CA 95630 ▼Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form	n 990 (2020)					Page 2
Pa	rt III Statement	of Program Serv	ice Accomp	lishments		
	Check if Sche	dule O contains a resp	oonse or note to	any line in this Part		
1	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ultivate and establish a positive impact. We primarily accomplish this by connecting community needs to resources and opportunities. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 7,256,385 including grants of \$ 7,183,700) (Revenue \$ 7,473,968) Seattle Relief Fund- In 2020 the organization received a grant from the City of Seattle's Office of Immigrant and Refugee Affairs to provide one time cash assist payments to eligible applicants experiencing hardship due to the public health emergency related to Covid-19. (Code:) (Expenses \$ 5,482,528 including grants of \$ 5,237,351) (Revenue \$ 6,453,168) Grassroots Relief Fund - the organization received agrant to provide one time cash assistance payments to over 6,700 eligible applicants experiencing hardship due to the public health emergency related to Covid-19. (Code:) (Expenses \$ 518,879 including grants of \$ 0) (Revenue \$ 665,586) Washington Immigrant Relief Fund: the organization supported the creation and administration of Washington State's Immigrant Relief Fund which successfully disbursed and to over 60,000 immigr					
Check if Schedule O contains a response or note to any line in this Part III	ources and opportunities.					
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: To cultivate and establish a positive impact. We primarily accomplish this by connecting community needs to resources and opportunities. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 3 Did the organization the services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 4 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 7,256,385 including grants of \$ 7,183,700) (Revenue \$ 7,473,968) Seattle Relief Fund- In 2020 the organization received a grant from the City of Seattle's Office of Immigrant and Refugee Affairs to provide one time cash assist payments to eligible applicants experiencing hardship due to the public health emergency related to Covid-19. 4b (Code:) (Expenses \$ 5,482,528 including grants of \$ 5,237,351) (Revenue \$ 6,453,168) Grassroots Relief Fund - the organization received grant to provide one time cash assistance payments to over 6,700 eligible applicants experiencing hardship due to the public health emergency related to Covid-19. 4c (Code:) (Expenses \$ 518,879 including grants of \$ 0) (Revenue \$ 665,586) Washington Immigrant Relief Fund- the organization received grant to provide one time cash assistance payments to over 6,700 eligible applicants experiencing hardship due to the public health emergency related to Covid-19. 4d Other program services (Describe in Schedule O.) (Expenses \$ 344 including grants of \$ 0) (Reve						
	Did the sussitestion					
2	•	, -		· · · · · ·		✓ Yes No
	If "Yes," describe th	ese new services on S	Schedule O.			
3	Did the organization	cease conducting, or	make significan	t changes in how it co	nducts, any program	
	services?					Yes No
	If "Yes," describe th	ese changes on Sche	dule O.			
4	expenses. Section 5	01(c)(3) and 501(c)(4) organizations	are required to report	3 , 3	
4a	(Code:) (Expenses \$	7,256,385	including grants of \$	7,183,700) (Revenue \$	7,473,968)
						to provide one time cash assistance
4b	(Code:) (Expenses \$	5,482,528	including grants of \$	5,237,351) (Revenue \$	6,453,168)
				ne time cash assistance pa	ayments to over 6,700 eligible appl	icants experiencing hardship due to
4c	(Code:) (Expenses \$	518,879	including grants of \$	0) (Revenue \$	665,586)
						Relief Fund which successfully
4d	Other program ser	rvices (Describe in Scl	nedule O.)			
	(Expenses \$	344 ir	ncluding grants	of \$	0) (Revenue \$	26,796)
4e	Total program serv	vice expenses 🕨	13,258,136	j		
				·		Form 990 (2020)

m 990	(2020)		Page 3
art IV	Checklist of Required Schedules		
		Yes	No

Yes

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Form 990 (2020)

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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

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

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

Did the organization receive or hold a conservation easement, including easements to preserve open space,

VIII, IX, or X as applicable.

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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

12a Bid Her Grandet School of the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

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24a

24b

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24d

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1b

Yes

Yes

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Form 990 (2020) Page 4 **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

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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 . . .

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

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% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Hid He Granketation field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Statements Regarding Other IRS Filings and Tax Compliance

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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No

Pai	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		No
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; because the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			NI -
	Wish the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N o N o
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		N.o.
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club Section Sol(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	in which the organization is necessary qualified neutri plans			
	Enter the amount of reserves on hand	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		14.0
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		N o
	excess parachute payment(s) during the year?			
16	Is ՝ ՝՝ Իցթաթայշան հետրուգ ino est war action est	16		Νο
	If "Yes," complete Form 4720, Schedule O.	F	orm 990	(2020)

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

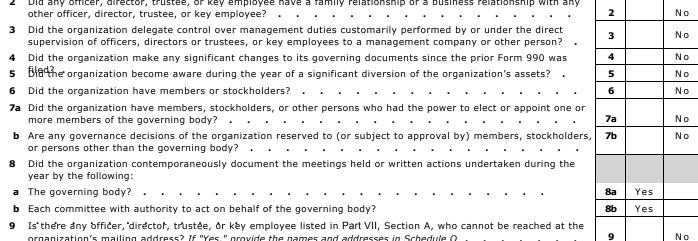
Check if Schedule O contains a response or note to any line in this Part VI	• 0. 3	•	• • •	 		
Section A. Governing Body and Management						
					Yes	N
1a Enter the number of voting members of the governing body at the end of the tax	1a			3		
Yethere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a	3		
	Yeare are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are				

1a	Enter the number of voting members of the governing body at the end of the tax	1a	3		
	Yellier are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	siness •	relationship with any	2	No

	or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?			,	2	No
3	Did the organization delegate control over management duties customarily performe				3	No

	or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		Νo
4	Did the organization make any significant changes to its governing documents since	e the p	orior Form 990 was	4		Νo
5	600 filed the organization become aware during the year of a significant diversion of the	organi	zation's assets? .	5		Νo
					T	



8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	Reveni	ue Cod	e.)
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The control of the force of the Broad control of th	4-	V	

а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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 with a taxable entity during the year?	16a		No
h	If "Vec." did the organization follows a written policy or procedure requiring the organization to evaluate its			

<u>Se</u>	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod	e.)
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	i
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Yes	Ī
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	Í
b	Other officers or key employees of the organization	15b		No
	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 with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ₩ A			

13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b		Νo						
	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 with a taxable entity during the year?	16a		No						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b								
Se	Section C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed WA									

13	Did the organization have a written whisheblower policy:	13	163	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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 with a taxable entity during the year?	16a		Νo
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	461		
		16b		
_Se	ection 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			

Own website Another's website Vpon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

David Coven PO Box 45406 Seattle, WA 98145 (206) 724-3547

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records:

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, I	Directors, Trustees,	, Key Employees,	and Highest Compensa	ated 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W-2/1099- MISC)	and related organizations
(1) David Coven	24.00			Х				53,700	0	0
CEO	0.00 1.00									
(2) Brent Schroeter					х			1,500	0	0
Director of Engineering	0.00									
										_
-										
			ı	ı	_					Form 990 (2020)

	(A) Name and title	(B) Average hours per week (list any hours for	more pers	than on is	one botl	not box h ar	check x, unle n office rustee	ess er	Repo compe fron	rtable nsation n the ation (W-	(E) Reportable compensation from related organizations	amount of oth d compensations from the		ated of other sation
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	O-MISC)	(W-2/1099- MISC)		organizat relat organiza	ed
	Sub-Total			•			¥ ¥							
	Total (add lines 1b and 1c)	<u> </u>		•	<u>. </u>		•			55,200		0		(
2	Total number of individuals (includ \$100,000 of reportable compensat	_				d al	oove)	who	received	more tha	an			
_													Yes	No
3	Did the organization list any forme on line 1a? <i>If "Yes," complete School</i>				, key •	y en •	nploye	e, o •	r highest • •	compens	ated employee	3		No
4	For any individual listed on line 1a organization and related organizat individual											4		No
5	Did any person listed on line 1a re	ceive or accrue	 compen	• satio	• on fro	• om	 any ur	• nrela	• • ated orga	· ·	• • or individual for	·		
	services rendered to the organizat	ion? <i>If "Yes," con</i>										5		No
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of														
compensation from the organization. Report compensation for the calendar year ending with or within the organization's (A) (B)										(C	:)			
_	Name	and business addre	ess							Desc	cription of services		Comper	nsation
	Total number of independent contrac \$100,000 of compensation from the		out not	limite	ed to	o th	ose lis	ted	above) w	ho receiv	ed more than			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Form	990	(2020)								Page 9
Part	VIII						It to this Day	4 \ / / / /		Г
		Check if Sche	edule (O contail	is a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campa Membership dues Fundraising even Related organiza Government grants (s ts . tions		1a 1b 1c 1d 1e	0 0 0 0				
O R	g	lines 1a - 1f:\$	not incl s includ	uded ed in	1f 1g	523,927 0				
	n	Total. Add lines 1	1a-11	• • •	• •	Business Code	523,927			
	2a	Other Social Advocac	y Orgar	nizations		813319	7,473,968	0	0	7,473,968
venue	b	Other Social Advocac	y Orgar	nizations		813319	6,453,168	0	0	6,453,168
e Be	С	Other Social Advocac	y Orgar	nizations		813319	665,586	0	0	665,586
Servic	d	Other Social Advocac	y Orgar	nizations		813319	26,796	0	0	26,796
Program Service Revenue	e									
Pro	f	All other program Total. Add lines				14,619,518				
		Investment income								_
	otl	her im:lareafPo\nits\es					3	0	34	0
		Royalties			exempt.	I	·	_	0 0	0
		,		(i) R	eal	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental	6b							
	С	expenses Rental income or	6c							
	d	I (Nets) ental incom		loss).				0	0	0
				(i) Seci	ırities	(ii) Other▶				
	7a	Gross amount from sales of assets other than inventory	7a							
	b	Less: cost or other basis and sales expenses	7b							
	_	Gain or (loss)	7c							
		Net gain or (loss			<u></u>	· · · •				
Other Revenue	b	Gross income from fu (not including \$ contributions reported See Part IV, line 18 Less: direct expe	d on lin • •	0 o e 1c).	8a 8b		0			
ē	С	: Net income or (lo	ss) fro	om tundi	aising 6	events		U.	0	
Oth	b	Gross income fro activities. See Part IV, line : Less: direct expe : Net income or (lo	19 . enses		9a 9b ng activ		0	0	0	0
	10=	Gross sales of in	ventor	rv less						

returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of	inve	ntory				
		▶				
Miscellaneous Revenue		Business Code				
11a						
b						
С						
d All other revenue						
e Total. Add lines 11a-11d	•		0			
12 Total revenue. See instructions .		• • • •	15,143,479	0	34	14,619,518

14,619,518 Form **990** (2020)

Check if Schedule O contains a response or note to Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,421,051	12,421,051		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	576,122	541,555	34,567	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	
7 Other salaries and wages	0	0	0	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	
9 Other employee benefits	0	0	0	
O Payroll taxes	42,465	39,346	3,119	
1 Fees for services (non-employees):				
a Management	0	0	0	
b Legal	0	0	0	
c Accounting	0	0	0	
d Lobbying	0	0	0	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0	0	0	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	272,514	256,184	16,330	
2 Advertising and promotion	0	0	0	
3 Office expenses	29,623	0	29,623	
4 Information technology	98,472	0	98,472	
5 Royalties	0	0	0	
6 Occupancy	2,967	0	2,967	
7 Travel	422	0	422	
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	
9 Conferences, conventions, and meetings	0	0	0	
1 Interest	0	0	0	
1 Payments to affiliates	0	0	0	
2 Depreciation, depletion, and amortization	0	0	0	
Time 1	1,716	0	1,716	
amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
b				
С				-
d				-
e All other expenses				
Total functional expenses. Add lines 1 through 24e	13,445,352	13,258,136	187,216	
26 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 if following SOP 98-2 (ASC 958-720).				

Form	າ 990	(2020)					Page 11
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	any line in this Part IX $. $			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			5,282	1	2,435,751
	2	Savings and temporary cash investments			0	2	7,346
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net		-	0	4	0
	5	Loans and other payables to any current or for				-	
	•	key employee, creator or founder, substantial			0	5	0
		controlled entity or family member of any of t				,	<u> </u>
	6	Loans and other receivables from other disquanter section $4958(f)(1)$), and persons described.		,	0	6	0
00.00	7	Notes and loans receivable, net			0	7	0
ets	7				0	8	0
ssets	8	Inventories for sale or use			0	9	0
A	9	Prepaid expenses and deferred charges .			0	9	U
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	0			
	b	Less: accumulated depreciation	10b	0	0	10c	0
	11	Investments—publicly traded securities .			0	11	0
	12	Investments—other securities. See Part IV, Iii	📙	0	12	0	
	13	Investments—program-related. See Part IV, li	-	0	13	0	
	14	Intangible assets	0	14	0		
	15	Other assets. See Part IV, line 11		1,006	15	0	
	16	Total assets: Add lines 1 through 15 (must ed	aual line	33)	6,288	16	2,443,097
	17	Accounts payable and accrued expenses .		-	0	17	744,972
	18	Grants payable	· · ·	0	18	0	
	19	Deferred revenue	0	19	0		
	20	Tax-exempt bond liabilities	0	20	0		
	21	Escrow or custodial account liability. Complet	0	21	0		
es		·		-		21	0
Liabilities	22	Loans and other payables to any current or for key employee, creator or founder, substantial					
ap		controlled entity or family member of any of t		0	22	0	
	23	Secured mortgages and notes payable to unre	elated th	ird parties	0	23	0
	24	Unsecured notes and loans payable to unrelat		· · · · · ·	0	24	0
	25	Other liabilities (including federal income tax,			0	25	0
		parties, and other liabilities not included on li					
	26	Complete Part X of Schedule D Total liabilities. Add lines 17 through 25.		-	0	26	744,972
S	20			• • • • • • • • • • • • • • • • • • •		20	177,312
Balances		Organizations that follow FASB ASC 958, chelines 27, 28, 32, and 33.	ck nere I	and complete			
lan	27	Net assets without donor restrictions			6,288	27	0
Ba							1
Fund	28	Net assets with donor restrictions	_	0	28	1,698,125	
F		Organizations that do not follow FASB ASC 99					
0	20	complete lines 29 through 33. Capital stock or trust principal, or current fun	, de			29	
	29 30	Paid-in or capital surplus, or land, building or		<u> </u>		30	
Assets				31			
0.000	31	Retained earnings, endowment, accumulated i	or other fullus	6,288		1,698,125	
Net	32	Total net assets or fund balances		-		32	
_	33	Total liabilities and het assets/fund balances			6,288	33	2,443,097
							Form 990 (2020)

2c

За

3b

Yes

Νo

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c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

Form 990 (2020)		
Additional Data		Return to Form
	Software ID: 20012075	
	Software Version: V1.0	
Form 990, Special Condition	on Description:	
	Special Condition Description	

990EZ) Department of the Treasury

Name of the organization

(Form 990 or

SCHEDULE A

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.

Employer identification number

Inspection

OMB No. 1545-0047

Scholar Fund 81-3153433 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II.)

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.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An agricultural research organization described in 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:

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 331/3% of its support

from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the

organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of

one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is

not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally

integrated, or Type III non-functionally integrated supporting organization.

Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of (v) Amount of

(vi) Amount of organization organization listed in your governing monetary support other support (see (described on lines document? (see instructions) instructions) 1- 10 above (see instructions)) Yes No

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

Schedule A (Form 990 or 990-EZ) 2020

organization

hedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) nly if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the organization failed to qualify under the tests listed below, please complete Part III.)

	Part III. If the organiza							
_	Section A. Public Support	tion raneu to	quality under	the tests lister	a below, piease	complete rait	111.)	
	lendar year							
	r fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grant.") . .							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
2	The value of services or facilities							
3	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							
	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.							
9	Section B. Total Support							
Ca	lendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
(0	r fiscal year beginning in) 🟲	(4) 2010	(5) 2017	(6) 2010	(4) 2013	(6) 2020	(1) 10ta1	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
	and income from similar sources							
9	Net income from unrelated							
	business activities, whether or not							
	the business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							
11								
	10							
12	Gross receipts from related activitie	s, etc. (see inst	tructions)			12		
13	First 5 years. If the Form 990 is for t	he organization	's first, second,	third, fourth, or	fifth tax year as	a section 501(c)(3) organization,	
	check this box and stop here					- F		
-	Section C. Computation of Pub	olic Support	Percentage					
	Public support percentage for 2020 (• • •		ne 11. column (f))	. 14		
	Public support percentage for 2019					15		
							k this box	
-00	5a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
	33 1/3% support test—2019. If the	•		-				
	box and stop here. The organization							
17-	10%-facts-and-circumstances test—							

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 35,997 523,927 559,924 membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services 57,159 14,619,518 14,676,677 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 93,156 15,143,445 15,236,601 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed

the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. . Public support. (Subtract line 7c from line 6.) Section B. Total Support

> Gross income from interest, dividends, payments received on

Unrelated business taxable income (less section 511 taxes) from businesses acquired after

line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . 13 Total support. (Add lines 9, 10c,

June 30, 1975. c Add lines 10a and 10b. Net income from unrelated business activities not included in

11, and 12.). .

16

17

securities loans, rents, royalties and income from similar sources

Calendar year

(or fiscal year beginning in) **9** Amounts from line 6. . . (a) 2016

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage



Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))

Public support percentage from 2019 Schedule A, Part III, line 15

Investment income percentage from 2019 Schedule A, Part III, line 17

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

19a 331/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than $\overline{33}$ 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

(c) 2018

(d) 2019

93,156

0

0

(e) 2020

15,143,445

34

15,143,513

Schedule A (Form 990 or 990-EZ) 2020

15

17

15,236,601

(f) Total

15,236,601

34

15,236,669

Page 4

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you mplete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

	(Complete only if you checked a
cked	hox 12h of Part I com

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

	(Complete only if you checked a
hecked	box 12b, of Part I, con
to a set of the	121 (5.1.1.

⁄es	No

1 2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990 or 990-EZ) 2020

3b and 3c below.

made the determination.

Supporting Organizations (continued)

Part IV

Yes

Page 5

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?	11a		
b	A family member of a person described in 11a above?	11b		
c		11c		
S	ection B. Type I Supporting Organizations		ı	
	7. 11 3 3		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	ection C. Type II Supporting Organizations			
	cetton of Type 12 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	1		
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
_ <u>S</u>	ection ^z b ^{:o} Afi ⁾ Type III Supporting Organizations		1	
			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 the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructio	ns):	
	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.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
	b Did the activities described in line 2a 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.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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.

each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Section A - Adjusted Net Income

Schedule A (Form 990 or 990-EZ) 2020

(A) Prior Year

Page **6**

(B) Current Year

(optional)

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
	• • • • • • • • • • • • • • • • • • • •	1 1a		
a	short tax year or assets held for part of year):			
a	short tax year or assets held for part of year): Average monthly value of securities	1a		
a b	short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances	1a 1b		
a b	short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets	1a 1b 1c		
a b	short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	1a 1b 1c		

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see

instructions).

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035

7 Recoveries of prior-year distributions

1

3

4

7

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Enter 85% of line 1

Minimum asset amount for prior year (from Section B, line 8, Column A)

1 2 3 4

4

5 6

7

8

5

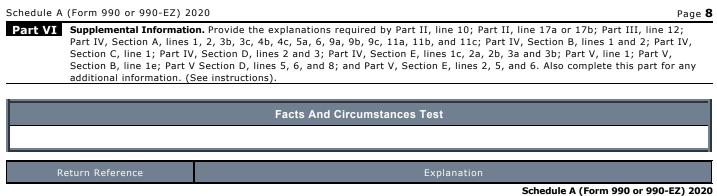
Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

Current Year

Type III Non-Functionally Integrated 509(a)(3) Supporting

Section De bistributions				Current Year
1 Amounts paid to supported organizations to accompli	ish exempt purposes		1	
2 Amounts paid to perform activity that directly further organizations, in			2	
excess of income from activity			_	
3 Administrative expenses paid to accomplish exempt	nizations	3		
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part V	(I)	5	
	•	,	6	
6 Other distributions (describe in Part VI). See instruc	LIONS			
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to (provide details in Part VI). See instructions	which the organization is re		8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
	<i>m</i>	(ii)		(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistr Pre-2	ibution	` '
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:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount i Carryover from 2015 not applied (see				
instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2020 from Section D, line 7:				
Applied to underdistributions of prior years				
b 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. If the amount is greater than zero, <i>explain in Part VI</i>				
See instructions.				
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2021. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule T OMB No. 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** Scholar Fund 81-3153433 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes ✓ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization (if applicable) cash noncash assistance or assistance arant or government assistance other) (1)(2) (3) (5) (6)(7) (8)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Cat. No. 50055P For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2020

for the immigrant community

(2) City of Seattle's cornerstone of support

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22						
Part III can be duplicated if additional space is needed.						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuati (book,		

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Part I Line 2

Return Reference

Part III Column (b)

(1) alleviate hardships faced by numerou individuals and families	S

6700 3700

With a systematic and targeted approach for applications and monitoring funds.

5,237,351

7,183,700

families, 6700, Applications received| City of Seattle's cornerstone of support for the immigrant community, 3700, Applications|

noncash assistance Supplemental Information. Provide the information required in Part I, line 2;

		FMV, appraisal, oth	ner)	
0				
0				
; Pa	art III,	column (b); and any	other	r additional information.

Type of grant or assistance:, Number of recipients:, How number of recipients was estimated?:| alleviate hardships faced by numerous individuals and

(e) Method of valuation

Page 2

Schedule I (Form 990) 2020

Explanation

SCHEDULE 0

(Form 990 or 990-

Department of the Treasury Namel Bevengeorgainezation

Return

EZ)

Scholar Fund

Line 19

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

81-3153433

Explanation

Reference	
Part III, line 2	1. The Grassroots Relief Fund has achieved commendable milestones in its mission to alleviate hardships faced by numerous individuals and families. 2. The Seattle Relief Fund spearheaded by the City of Seattle's Office of Immigrant and Refugee Affairs emerged as a cornerstone of support for the immigrant community. 3. The Washington Dream Coalition as the inaugural and most expansive undocumented immigrant youth-led organization in Washington State has been a torchbearer for countless initiatives embodying the spirit of resilience leadership and empowerment. 4. The Washington COVID-19 Immigrant Relief Fund emerged as a beacon of hope during the tumultuous times of the pandemic. The program successfully influenced Gov. Inslee's decision securing a monumental sum of \$62.6 million. This fund has been instrumental in providing pivotal aid to over 60,000 immigrants across Washington State.
Part III, line 3	In 2019 our primary focus was on assisting students in accessing scholarships and facilitating their college application process. However in 2020 we revised our mission to "connecting community needs to resources and opportunities." This change reflects our expanded scope of work which now includes administering cash benefits and providing direct assistance programs.
Part III, Line 4d	Description:, Expense Amount:, Grants Amount:, Revenue Amount: One of the standout achievements of the Washington Dream Coalition has been the creation of the first grassroots fund in the state. As their fiscal sponsor we played a pivotal role in ensuring the financial viability and success of this groundbreaking initiative bolstering its reach and impact., \$344, \$0, \$26796
Part VI, Section B, Line 11b	This will be reviewed and discussed by all members of the board before it is submitted.
Part VI, Section B, Line 12c	In connection with any actual or possible conflict of interest an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.
Part VI, Section B, Line 15	Name of the Person:, The process used to establish compensation of the person who served in: , The year in which this process was last undertaken: David Coven, Board meeting, 2020
Part VI, Section C,	No documents available to the public