

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

## A For the 2021 calendar year, or tax year beginning and ending

|   |  |  |  |  |
|---|--|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>GEORGE SNOW SCHOLARSHIP FUND, INC.        |  |  | <b>D</b> Employer identification number<br>59-2162597  |
|   | Doing Business As  |  |  | <b>E</b> Telephone number<br>(561) 347-6799  |
|   | Number and street (or P.O. box if mail is not delivered to street address) |  | Room/suite                             |  |
|   | 201 PLAZA REAL   |  | 260                                    |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>BOCA RATON, FL 33432  |  |  |  | <b>G</b> Gross receipts \$ 4,264,063.  |
| <b>F</b> Name and address of principal officer: TIMOTHY G. SNOW<br>SAME AS "C" ABOVE  |  |  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   |  |  |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
|   |  |  |  | If "No," attach a list. (see instructions)   |
| <b>I</b> Tax-exempt status:   | <input checked="" type="checkbox"/> 501(c)(3)                              | <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) | <input type="checkbox"/> 4947(a)(1) or | <input type="checkbox"/> 527   |
| <b>J</b> Website:   | WWW.SCHOLARSHIP.ORG  |  |  | <b>H(c)</b> Group exemption number ▶   |
| <b>K</b> Form of organization:  | <input checked="" type="checkbox"/> Corporation                            | <input type="checkbox"/> Trust                     | <input type="checkbox"/> Association   | <input type="checkbox"/> Other ▶   |
|   |  |  | <b>L</b> Year of formation: 1981       | <b>M</b> State of legal domicile: FL   |

## Part I Summary

|   |   |  |
|---|---|--|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>HELP INDIVIDUALS IN FINANCIAL NEED CONTINUE THEIR EDUCATION THROUGH SCHOLARSHIP PROGRAMS.</u> |  |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                      |  |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | 3 23   |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | 4 23   |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)   | 5 12   |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | 6 302  |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | 7a NONE  |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                     | 7b NONE   |  |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year: 2,495,565. Current Year: 3,886,654.                            |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | NONE NONE  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 90,316. 196,361.   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | -134,959. -198,077.  |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 2,450,922. 3,884,938.  |
|   | Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |   | NONE NONE  |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |   | 331,994. 398,422.  |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |   | NONE NONE  |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 119,501.               |   |  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |   | 331,060. 386,552.  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         |   | 1,994,984. 3,152,725.  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 455,938. 732,213.   |  |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year: 6,971,990. End of Year: 8,585,790.              |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 2,269,043. 2,977,791.  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.   | 4,702,947. 5,607,999.  |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |   |   |                    |   |                   |
|-------------------------------|---|---|--------------------|---|-------------------|
| <b>Sign Here</b>              | Signature of officer  | Date                                      |                    |   |                   |
|                               | TIMOTHY G. SNOW<br>Type or print name and title                     | PRESIDENT                                 |                    |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>JACOB COOK                            | Preparer's signature<br><i>Jacob Cook</i> | Date<br>09/29/2022 | Check <input type="checkbox"/> if self-employed | PTIN<br>P01240455 |
|                               | Firm's name ▶ BDO USA, LLP  | Firm's EIN ▶ 13-5381590                   |                    |   |                   |
|                               | Firm's address ▶ 225 NE MIZNER BLVD, SUITE 685 BOCA RATON, FL 33432 | Phone no. 561-909-2100                    |                    |   |                   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO HELP HARD WORKING STUDENTS IN SOUTH FLORIDA TO GRADUATE FROM COLLEGE BY PROVIDING FINANCIAL AID AND WRAP AROUND SUPPORT SERVICES. OUR GOAL IS TO ENSURE THAT NO STUDENT IS DEPRIVED OF AN EDUCATION BECAUSE OF A SHORTAGE OF FUNDS OR A LACK OF SUPPORT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 2,936,297. including grants of \$ 2,367,751. ) (Revenue \$ NONE )

EDUCATIONAL GRANTS: IN ADDITION TO SCHOLARSHIP AWARDS, THE FUND PROVIDES ITS SCHOLARS WITH SUPPORT, GUIDANCE AND RESOURCES THROUGHOUT THE STUDENT'S COLLEGE EXPERIENCE. IN 2021, WE HAD OVER 1,100 APPLICATIONS FOR OUR SCHOLARSHIPS AND AWARDED MORE THAN \$2.2 MILLION IN SCHOLARSHIPS AND SCHOLAR SUPPORT SERVICES TO 278 SCHOLARS. IN ADDITION TO OUR NEW AWARDEES, WE PROVIDED CONTINUED SUPPORT AND GUIDANCE TO OUR 510 SNOW SCHOLARS CURRENTLY WORKING ON THEIR DEGREES.

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

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

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

4e Total program service expenses 2,936,297.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
BONNIE SNOW 201 PLAZA REAL STE 260 BOCA RATON, FL 33432

561-347-6799

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

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

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

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

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

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

| (A)<br>Name and title                             | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) TIMOTHY G. SNOW<br>PRESIDENT                  | 55.00<br>NONE   |  |                       | X       |              |                              |        | 207,000.  | NONE   | NONE  |
| (2) STEPHEN L. HASKINS<br>TRUSTEE                 | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (3) ALBERT J. TRAVASOS<br>CHAIRMAN OF THE BOARD   | 1.00<br>NONE  | X  |                       | X       |              |                              |        | NONE  | NONE   | NONE  |
| (4) JERRY J. FEDELE<br>VICE CHAIRMAN OF THE BOARD | 1.00<br>NONE  | X  |                       | X       |              |                              |        | NONE  | NONE   | NONE  |
| (5) M. J. MIKE ARTS<br>TRUSTEE                    | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (6) FRANK A. BARBIERI, JR<br>TRUSTEE              | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (7) ROBIN M. DEYO<br>TRUSTEE                      | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (8) NANCY DOCKERTY<br>TRUSTEE                     | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (9) DOUGLAS FASH<br>TRUSTEE                       | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (10) FRANKLIN D. FEILER<br>TRUSTEE                | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (11) INGRID A. FULMER<br>TRUSTEE                  | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (12) PETER F. GARY<br>TRUSTEE                     | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (13) THOMAS A. HEAD<br>TRUSTEE                    | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (14) DAVID R. HOFER<br>TRUSTEE                    | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| ( 15 ) KRISTI L. JACKSON<br>TRUSTEE                            | 1.00<br>NONE   | X   |                       |         |              |                              | NONE     | NONE   | NONE  |   |
| ( 16 ) ELIAS JANETIS<br>TRUSTEE                                | 1.00<br>NONE   | X   |                       |         |              |                              | NONE     | NONE   | NONE  |   |
| ( 17 ) LISA KAUFMAN<br>TRUSTEE                                 | 1.00<br>NONE   | X   |                       |         |              |                              | NONE     | NONE   | NONE  |   |
| ( 18 ) MATTHEW MASCHLER<br>TRUSTEE                             | 1.00<br>NONE   | X   |                       |         |              |                              | NONE     | NONE   | NONE  |   |
| ( 19 ) FRAN NACHLAS<br>TRUSTEE                                 | 1.00<br>NONE   | X   |                       |         |              |                              | NONE     | NONE   | NONE  |   |
| ( 20 ) DONNA L. PARLAPIANO<br>TRUSTEE                          | 1.00<br>NONE   | X   |                       |         |              |                              | NONE     | NONE   | NONE  |   |
| ( 21 ) JEFFREY E. SNOW<br>TRUSTEE                              | 1.00<br>NONE   | X   |                       |         |              |                              | NONE     | NONE   | NONE  |   |
| ( 22 ) JENNIFER S. SNOW<br>TRUSTEE                             | 1.00<br>NONE   | X   |                       |         |              |                              | NONE     | NONE   | NONE  |   |
| ( 23 ) EDUARDO L. SORDO<br>TRUSTEE                             | 1.00<br>NONE   | X   |                       |         |              |                              | NONE     | NONE   | NONE  |   |
| ( 24 ) KYLE STEWART<br>TRUSTEE                                 | 1.00<br>NONE   | X   |                       |         |              |                              | NONE     | NONE   | NONE  |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              | 207,000. | NONE   | NONE  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              | NONE     | NONE   | NONE  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 207,000. | NONE   | NONE  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**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 tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **NONE**

**Part VIII Statement of Revenue**

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

|   |   |  |                | (A)           | (B)                                | (C)                        | (D)  |  |
|---|---|--|----------------|---------------|------------------------------------|----------------------------|--|--|
|   |   |  |                | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>   | Federated campaigns . . . . .  | <b>1a</b>      |               |                                    |                            |  |  |
|   | <b>b</b>  | Membership dues . . . . .  | <b>1b</b>      |               |                                    |                            |  |  |
|   | <b>c</b>  | Fundraising events . . . . .   | <b>1c</b>      | 583,787.      |                                    |                            |  |  |
|   | <b>d</b>  | Related organizations . . . . .  | <b>1d</b>      |               |                                    |                            |  |  |
|   | <b>e</b>  | Government grants (contributions) . .  | <b>1e</b>      |               |                                    |                            |  |  |
|   | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above .       | <b>1f</b>      | 3,302,867.    |                                    |                            |  |  |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f . . . . .                                | <b>1g</b>      | \$ 41,682.    |                                    |                            |  |  |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . .  |                |               | 3,886,654.                         |                            |  |  |
|   | <b>Program Service Revenue</b>  | <b>2a</b>  | Business Code  |               |                                    |                            |  |  |
| <b>b</b>  |   |  |                |               |                                    |                            |  |  |
| <b>c</b>  |   |  |                |               |                                    |                            |  |  |
| <b>d</b>  |   |  |                |               |                                    |                            |  |  |
| <b>e</b>  |   |  |                |               |                                    |                            |  |  |
| <b>f</b>  |   | All other program service revenue . . . . .  |                |               |                                    |                            |  |  |
| <b>g</b>  |   | <b>Total.</b> Add lines 2a-2f . . . . .  |                |               | NONE                               |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts) . . . . . |                |               | 83,929.                            |                            | 83,929.  |  |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds .                                   |                |               | NONE                               |                            |  |  |
|   | <b>5</b>  | Royalties . . . . .  |                |               | NONE                               |                            |  |  |
|   | <b>6a</b>   | Gross rents . . . . .  | (i) Real       | (ii) Personal |                                    |                            |  |  |
|   |   |  | <b>6a</b>      |               |                                    |                            |  |  |
|   |   |  | <b>6b</b>      |               |                                    |                            |  |  |
|   | <b>b</b>  | Less: rental expenses  | <b>6b</b>      |               |                                    |                            |  |  |
|   | <b>c</b>  | Rental income or (loss)  | <b>6c</b>      | NONE          | NONE                               |                            |  |  |
|   | <b>d</b>  | Net rental income or (loss) . . . . .  |                |               | NONE                               |                            |  |  |
|   | <b>7a</b>   | Gross amount from sales of assets other than inventory                                 | (i) Securities | (ii) Other    |                                    |                            |  |  |
|   |   |  | <b>7a</b>      |               | 93,392.                            |                            |  |  |
|   |   |  | <b>7b</b>      |               | -19,040.                           |                            |  |  |
|   | <b>b</b>  | Less: cost or other basis and sales expenses . .                                       | <b>7b</b>      |               |                                    |                            |  |  |
|   | <b>c</b>  | Gain or (loss) . . . . .   | <b>7c</b>      |               | 112,432.                           |                            |  |  |
|   | <b>d</b>  | Net gain or (loss) . . . . .   |                |               | 112,432.                           |                            | 112,432.   |  |
| <b>8a</b>   | Gross income from fundraising events (not including \$ 583,787. of contributions reported on line 1c). See Part IV, line 18 . . . . . |  |                |               |                                    |                            |  |  |
|   |   | <b>8a</b>  |                | 200,088.      |                                    |                            |  |  |
|   |   | <b>8b</b>  |                | 398,165.      |                                    |                            |  |  |
| <b>b</b>  | Less: direct expenses . . . . .   | <b>8b</b>  |                |               |                                    |                            |  |  |
| <b>c</b>  | Net income or (loss) from fundraising events . . . . .  |  |                | -198,077.     |                                    | -198,077.                  |  |  |
| <b>9a</b>   | Gross income from gaming activities. See Part IV, line 19 . . . . .   |  |                |               |                                    |                            |  |  |
|   |   | <b>9a</b>  |                | NONE          |                                    |                            |  |  |
|   |   | <b>9b</b>  |                | NONE          |                                    |                            |  |  |
| <b>b</b>  | Less: direct expenses . . . . .   | <b>9b</b>  |                |               |                                    |                            |  |  |
| <b>c</b>  | Net income or (loss) from gaming activities . . . . .   |  |                | NONE          |                                    |                            |  |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . . .   |  |                |               |                                    |                            |  |  |
|   |   | <b>10a</b>   |                | NONE          |                                    |                            |  |  |
|   |   | <b>10b</b>   |                | NONE          |                                    |                            |  |  |
| <b>b</b>  | Less: cost of goods sold . . . . .  | <b>10b</b>   |                |               |                                    |                            |  |  |
| <b>c</b>  | Net income or (loss) from sales of inventory . . . . .  |  |                | NONE          |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>                                  | <b>11a</b>  | Business Code  |                |               |                                    |                            |  |  |
|   | <b>b</b>  |  |                |               |                                    |                            |  |  |
|   | <b>c</b>  |  |                |               |                                    |                            |  |  |
|   | <b>d</b>  | All other revenue . . . . .  |                |               |                                    |                            |  |  |
|   | <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .  |                |               | NONE                               |                            |  |  |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . .  |  |                | 3,884,938.    |                                    | -1,716.                    |  |  |

**Part IX Statement of Functional Expenses**

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

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

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  |                       |                                 |  |                             |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | NONE                  |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 2,367,751.            | 2,367,751.                      |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | NONE                  |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | NONE                  |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 207,000.              | 146,251.                        | 26,729.                                | 34,020.                     |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | NONE                  |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 191,422.              | 135,245.                        | 24,718.                                | 31,459.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | NONE                  |                                 |  |                             |
| 9 Other employee benefits . . . . .  | NONE                  |                                 |  |                             |
| 10 Payroll taxes . . . . .   | NONE                  |                                 |  |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management . . . . .   | 55,242.               | 13,258.                         | 20,992.                                | 20,992.                     |
| b Legal . . . . .  | NONE                  |                                 |  |                             |
| c Accounting . . . . .   | NONE                  |                                 |  |                             |
| d Lobbying . . . . .   | NONE                  |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 . . . . .  | NONE                  |                                 |  |                             |
| f Investment management fees . . . . .   | 18,360.               | 4,406.                          | 6,977.                                 | 6,977.                      |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .  | NONE                  |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | 18,751.               | 8,485.                          |  | 10,266.                     |
| 13 Office expenses . . . . .   | 136,351.              | 133,839.                        | 1,237.                                 | 1,275.                      |
| 14 Information technology . . . . .  | 47,344.               | 42,746.                         | 4,365.                                 | 233.                        |
| 15 Royalties . . . . .   | NONE                  |                                 |  |                             |
| 16 Occupancy . . . . .   | 15,819.               | 13,446.                         | 2,373.                                 |                             |
| 17 Travel . . . . .  | NONE                  |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | NONE                  |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 1,595.                | 1,595.                          |  |                             |
| 20 Interest . . . . .  | NONE                  |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | NONE                  |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 24,020.               | 20,859.                         | 678.                                   | 2,483.                      |
| 23 Insurance . . . . .   | 10,223.               | 2,249.                          | 5,418.                                 | 2,556.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a OTHER  | 29,169.               | 27,581.                         | 635.                                   | 953.                        |
| b AWARDS RECEPTION   | 15,228.               | 15,228.                         | NONE                                   | NONE                        |
| c TELEPHONE  | 8,251.                | 2,723.                          | 2,805.                                 | 2,723.                      |
| d DEVELOPMENT  | 4,886.                | NONE                            | NONE                                   | 4,886.                      |
| e All other expenses   | 1,313.                | 635.                            |  | 678.                        |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>3,152,725.</b>     | <b>2,936,297.</b>               | <b>96,927.</b>                         | <b>119,501.</b>             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|--|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing . . . . .   | 621,944.                 | <b>1</b>   | 452,619.           |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 1,741,601.               | <b>2</b>   | 2,512,851.         |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  | 462,582.                 | <b>3</b>   | 589,181.           |
|  | <b>4</b> Accounts receivable, net . . . . .  | NONE                     | <b>4</b>   | NONE               |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | NONE                     | <b>5</b>   | NONE               |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | NONE                     | <b>6</b>   | NONE               |
|  | <b>7</b> Notes and loans receivable, net . . . . .   | NONE                     | <b>7</b>   | NONE               |
|  | <b>8</b> Inventories for sale or use . . . . .   | NONE                     | <b>8</b>   | NONE               |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 12,284.                  | <b>9</b>   | 17,582.            |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 382,740.      |            |                    |
|  | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 221,362.      |            |                    |
|  | <b>11</b> Investments - publicly traded securities . . . . .   | 185,398.                 | <b>10c</b> | 161,378.           |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 3,923,181.               | <b>11</b>  | 4,827,179.         |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  | NONE                     | <b>12</b>  | NONE               |
|  | <b>14</b> Intangible assets . . . . .  | 25,000.                  | <b>13</b>  | 25,000.            |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | NONE                     | <b>14</b>  | NONE               |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | NONE   | <b>15</b>                | NONE       |                    |
|  | 6,971,990.   | <b>16</b>                | 8,585,790. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 87,556.                  | <b>17</b>  | 99,746.            |
|  | <b>18</b> Grants payable . . . . .   | 2,181,487.               | <b>18</b>  | 2,833,045.         |
|  | <b>19</b> Deferred revenue . . . . .   | NONE                     | <b>19</b>  | 45,000.            |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  | NONE                     | <b>20</b>  | NONE               |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | NONE                     | <b>21</b>  | NONE               |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .     | NONE                     | <b>22</b>  | NONE               |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | NONE                     | <b>23</b>  | NONE               |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | NONE                     | <b>24</b>  | NONE               |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | NONE                     | <b>25</b>  | NONE               |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 2,269,043.               | <b>26</b>  | 2,977,791.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                    |
|  | <b>27</b> Net assets without donor restrictions . . . . .  | 765,013.                 | <b>27</b>  | 233,374.           |
|  | <b>28</b> Net assets with donor restrictions . . . . .   | 3,937,934.               | <b>28</b>  | 5,374,625.         |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>  |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>  |                    |
|  | <b>32</b> <b>Total net assets or fund balances</b> . . . . .   | 4,702,947.               | <b>32</b>  | 5,607,999.         |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 6,971,990.   | <b>33</b>                | 8,585,790. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 3,884,938. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 3,152,725. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 732,213.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 4,702,947. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 172,839.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  |            |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 5,607,999. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

GEORGE SNOW SCHOLARSHIP FUND, INC.

Employer identification number

59-2162597

**Part I 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).)
- 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)**.
- 7  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.)
- 9  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 33 1/3 % 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 33 1/3 % 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.)
- 11  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

Schedule A (Form 990) 2021

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (97.94%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (83.26%); 16a 33 1/3% support test - 2021 (checked); 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2021, 2020. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2021, 2020. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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.)

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| <b>1</b>                               | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                               | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                               | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                               | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                               | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                               | 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) | <b>6</b>       |                             |
| <b>7</b>                               | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| <b>a</b>                                | Average monthly value of securities   | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances   | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets  | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d.   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by 0.035.   | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                             |

| <b>Section C - Distributable Amount</b> |   |          | Current Year |
|---|---|----------|--------------|
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, column A)   | <b>1</b> |              |
| <b>2</b>                                | Enter 0.85 of line 1.   | <b>2</b> |              |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | <b>3</b> |              |
| <b>4</b>                                | Enter greater of line 2 or line 3.  | <b>4</b> |              |
| <b>5</b>                                | Income tax imposed in prior year  | <b>5</b> |              |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | <b>6</b> |              |

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

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

| Section D - Distributions |   | Current Year |
|---------------------------|---|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes   | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | 3            |
| 4                         | Amounts paid to acquire exempt-use assets   | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | 5            |
| 6                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | 8            |
| 9                         | Distributable amount for 2021 from Section C, line 6  | 9            |
| 10                        | Line 8 amount divided by line 9 amount  | 10           |

| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|-----------------------------|--|---|
| 1   | Distributable amount for 2021 from Section C, line 6  |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                             |  |   |
| 3   | Excess distributions carryover, if any, to 2021   |                             |  |   |
| a   | From 2016 . . . . .   |                             |  |   |
| b   | From 2017 . . . . .   |                             |  |   |
| c   | From 2018 . . . . .   |                             |  |   |
| d   | From 2019 . . . . .   |                             |  |   |
| e   | From 2020 . . . . .   |                             |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |                             |  |   |
| g   | Applied to underdistributions of prior years  |                             |  |   |
| h   | Applied to 2021 distributable amount  |                             |  |   |
| i   | Carryover from 2016 not applied (see instructions)  |                             |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| 4   | Distributions for 2021 from Section D, line 7: \$   |                             |  |   |
| a   | Applied to underdistributions of prior years  |                             |  |   |
| b   | Applied to 2021 distributable amount  |                             |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |  |   |
| 6   | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |  |   |
| 7   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                             |  |   |
| 8   | Breakdown of line 7:  |                             |  |   |
| a   | Excess from 2017 . . . .  |                             |  |   |
| b   | Excess from 2018 . . . .  |                             |  |   |
| c   | Excess from 2019 . . . .  |                             |  |   |
| d   | Excess from 2020 . . . .  |                             |  |   |
| e   | Excess from 2021 . . . .  |                             |  |   |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

GEORGE SNOW SCHOLARSHIP FUND, INC.

59-2162597

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

|   |   |
|---|---|
| Name of organization<br><p style="text-align: center;">GEORGE SNOW SCHOLARSHIP FUND, INC.</p> | Employer identification number<br><p style="text-align: center;">59-2162597</p> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |        |                                     |  |         |                          |  |         |                          |  |
|------------|-------------------------------------|----------------------------|---|--------|-------------------------------------|--|---------|--------------------------|--|---------|--------------------------|--|
| 1          | N/A<br><hr/> <hr/> <hr/>            | \$ 756,000.                | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| 2          | N/A<br><hr/> <hr/> <hr/>            | \$ 255,000.                | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| 3          | N/A<br><hr/> <hr/> <hr/>            | \$ 454,734.                | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| 4          | N/A<br><hr/> <hr/> <hr/>            | \$ 293,958.                | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| 5          | N/A<br><hr/> <hr/> <hr/>            | \$ 164,878.                | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| 6          | N/A<br><hr/> <hr/> <hr/>            | \$ 110,000.                | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> |  | Payroll | <input type="checkbox"/> |  | Noncash | <input type="checkbox"/> |  |
| Person     | <input checked="" type="checkbox"/> |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Payroll    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |
| Noncash    | <input type="checkbox"/>            |                            |   |        |                                     |  |         |                          |  |         |                          |  |

|   |   |
|---|---|
| Name of organization<br><p style="text-align: center;">GEORGE SNOW SCHOLARSHIP FUND, INC.</p> | Employer identification number<br><p style="text-align: center;">59-2162597</p> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | N/A<br><hr/> <hr/> <hr/>          | \$ 102,387.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | N/A<br><hr/> <hr/> <hr/>          | \$ 100,001.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | N/A<br><hr/> <hr/> <hr/>          | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ <hr/>                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ <hr/>                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ <hr/>                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

GEORGE SNOW SCHOLARSHIP FUND, INC.

59-2162597

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, monitoring, and expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 3,239,537.       | 2,693,483.     | 1,682,512.         | 1,185,935.           | 918,019.            |
| b Contributions . . . . .                                  | 680,679.         | 280,970.       | 72,655.            | 399,880.             | 102,562.            |
| c Net investment earnings, gains, and losses . . . . .     | 390,367.         | 283,420.       | 236,786.           | -78,002.             | 211,559.            |
| d Grants or scholarships . . . . .                         |                  |                |                    | 41,834.              | 28,896.             |
| e Other expenditures for facilities and programs . . . . . | 136,622.         |                | 857.               |                      |                     |
| f Administrative expenses . . . . .                        | 31,612.          | 18,536.        | 18,817.            | 22,692.              | 17,309.             |
| g End of year balance . . . . .                            | 4,142,349.       | 3,239,337.     | 1,972,279.         | 1,443,287.           | 1,185,935.          |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 46.8800 %
- b Permanent endowment ▶ 53.1200 %
- c Term endowment ▶ NONE %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations . . . . .
- (ii) Related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  | X   |    |
| 3a(ii) |     | X  |
| 3b     |     |    |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      |                                 |                              |                |
| b Buildings . . . . .  |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .   |                                      | 260,747.                        | 221,362.                     | 39,385.        |
| d Equipment . . . . .  |                                      | 121,993.                        | NONE                         | 121,993.       |
| e Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | 161,378.       |

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

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



**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION IS A NON-PROFIT CORPORATION WHICH IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND SALES AND USE TAX UNDER THE LAWS OF THE STATE OF FLORIDA.

THE ORGANIZATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY. THE ORGANIZATION DID NOT INCUR ANY TAX EXPENSES DURING THE YEAR ENDED DECEMBER 31, 2021.

THE U.S. FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE ORGANIZATION FILES INCOME TAX RETURNS. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2018.

GSSFS IS TREATED AS A DISREGARDED ENTITY FOR FEDERAL AND STATE INCOME TAX PURPOSES AND, ACCORDINGLY, WOULD NOT INCUR INCOME TAXES OR HAVE ANY UNRECOGNIZED TAX BENEFITS. INSTEAD, THE EARNINGS AND LOSSES ARE INCLUDED IN THE INCOME TAX RETURNS OF ITS SOLE MEMBER GSSF, AS A RESULT, THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES.



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

|                 |  | (a) Event #1  | (b) Event #2                 | (c) Other events           | (d) Total events                |          |
|-----------------|--|---|------------------------------|----------------------------|---------------------------------|----------|
|                 |  | BALLROOM BATTLE<br>(event type)   | GOLF CLASSIC<br>(event type) | <u>1</u><br>(total number) | (add col. (a) through col. (c)) |          |
| Revenue         | 1  | Gross receipts . . . . .  | 677,726.                     | 88,760.                    | 17,389.                         | 783,875. |
|                 | 2  | Less: Contributions . . . . .   | 506,263.                     | 60,135.                    | 17,389.                         | 583,787. |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                            | 171,463.                     | 28,625.                    |                                 | 200,088. |
| Direct Expenses | 4  | Cash prizes . . . . .   |                              |                            |                                 |          |
|                 | 5  | Noncash prizes . . . . .  |                              |                            |                                 |          |
|                 | 6  | Rent/facility costs . . . . .   |                              | 7,360.                     |                                 | 7,360.   |
|                 | 7  | Food and beverages . . . . .  | 1,606.                       |                            |                                 | 1,606.   |
|                 | 8  | Entertainment . . . . .   | 15,450.                      |                            |                                 | 15,450.  |
|                 | 9  | Other direct expenses . . . . .   | 264,252.                     | 57,570.                    | 51,927.                         | 373,749. |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                              |                            |                                 | 398,165. |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |                              |                            | -198,077.                       |          |

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

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

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

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

GEORGE SNOW SCHOLARSHIP FUND, INC.

59-2162597

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

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1)  |         |                                 |                          |                                   |   |                                       |                                    |
| (2)  |         |                                 |                          |                                   |   |                                       |                                    |
| (3)  |         |                                 |                          |                                   |   |                                       |                                    |
| (4)  |         |                                 |                          |                                   |   |                                       |                                    |
| (5)  |         |                                 |                          |                                   |   |                                       |                                    |
| (6)  |         |                                 |                          |                                   |   |                                       |                                    |
| (7)  |         |                                 |                          |                                   |   |                                       |                                    |
| (8)  |         |                                 |                          |                                   |   |                                       |                                    |
| (9)  |         |                                 |                          |                                   |   |                                       |                                    |
| (10)   |         |                                 |                          |                                   |   |                                       |                                    |
| (11)   |         |                                 |                          |                                   |   |                                       |                                    |
| (12)   |         |                                 |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 SCHOLARSHIPS                  | 278                      | 2,367,751.               | NONE                              |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GEORGE SNOW SCHOLARSHIP FUND, INC.

Employer identification number

59-2162597

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
- c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |
| <b>4a</b> |     |    |
| <b>4b</b> |     |    |
| <b>4c</b> |     |    |
| <b>5a</b> |     |    |
| <b>5b</b> |     |    |
| <b>6a</b> |     |    |
| <b>6b</b> |     |    |
| <b>7</b>  |     |    |
| <b>8</b>  |     |    |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title             |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 TIMOTHY G. SNOW<br>PRESIDENT | (i)  | 182,000.   | 13,000.                             | 12,000.                             | NONE   | NONE                    | 207,000.                        | NONE  |
|                                | (ii) | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
| 2                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 3                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 4                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 5                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9                              | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10                             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11                             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12                             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13                             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14                             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15                             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16                             | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                | (ii) |  |                                     |                                     |  |                         |                                 |   |

**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open To Public  
Inspection**

Name of the organization: **GEORGE SNOW SCHOLARSHIP FUND, INC.** Employer identification number: **59-2162597**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| 1                        | (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|--------------------------|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                          |                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                          |                               |                                    |                     | (1)                                   |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                      |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                      |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                      |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                      |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                      |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                      |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                      |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                      |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                     |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> . . . . . ▶ |                               |                                    |                     |                                       |      |                               | \$              |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| 1    | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|------|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)  |                               |   |                          |                        |                           |
| (2)  |                               |   |                          |                        |                           |
| (3)  |                               |   |                          |                        |                           |
| (4)  |                               |   |                          |                        |                           |
| (5)  |                               |   |                          |                        |                           |
| (6)  |                               |   |                          |                        |                           |
| (7)  |                               |   |                          |                        |                           |
| (8)  |                               |   |                          |                        |                           |
| (9)  |                               |   |                          |                        |                           |
| (10) |                               |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) PETER GARY                | TRUSTEE   | 15,000.                   | SEE PART V                     |   | X  |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PETER GARY

(D) DESCRIPTION OF TRANSACTION: PETER GARY, TRUSTEE, OWNS PINNACLE ADVERTISING WHICH PROVIDED SERVICES IN THE AMOUNT OF \$15,000 TO THE ORGANIZATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

GEORGE SNOW SCHOLARSHIP FUND, INC.

59-2162597

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  | X                             |  | 7,183.   | FMV  |
| 6 Cars and other vehicles. . . . .   |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  | X                             | 138  | 34,499.  | FMV  |
| 9 Securities - Publicly traded . . . . .                                     |                               |  |  |  |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |  |  |  |
| 15 Real estate - Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate - Commercial . . . . .  |                               |  |  |  |
| 17 Real estate - Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  |                               |  |  |  |
| 20 Drugs and medical supplies . . . . .                                      |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .   |                               |  |  |  |
| 25 Other ▶ ( )   |                               |  |  |  |
| 26 Other ▶ ( )   |                               |  |  |  |
| 27 Other ▶ ( )   |                               |  |  |  |
| 28 Other ▶ ( )   |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) 2021

JSA

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

GEORGE SNOW SCHOLARSHIP FUND, INC.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

59-2162597

**FORM 990, PART VI, SECTION A, LINE 2:**

TIMOTHY SNOW (PRESIDENT), JEFFERY SNOW (TREASURER), AND JENNIFER SNOW  
(TRUSTEE) ARE SIBLINGS.

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE, TREASURER AND THE  
PRESIDENT. THE TRUSTEES RECEIVE A COPY OF FORM 990 PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL NEW TRUSTEES. ALL  
TRUSTEES ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST  
DISCLOSURE FORM.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY AND  
ESTABLISHED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE IS GUIDED  
BY THE ORGANIZATION'S EXECUTIVE COMPENSATION POLICY THAT REQUIRES THE  
EXECUTIVE COMMITTEE TO RELY ON COMPARABILITY DATA WHEN DETERMINING THE  
CEO'S COMPENSATION.

**FORM 990, PART VI, SECTION C, LINE 19:**

DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION ON [WWW.GUIDESTAR.ORG](http://WWW.GUIDESTAR.ORG), BY  
WRITTEN REQUEST, OR ON OUR WEBSITE.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GEORGE SNOW SCHOLARSHIP FUND, INC.

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

59-2162597

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity               | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) GSSF SERVICES, LLC 45-4734722<br>201 PLAZA REAL, STE 260 BOCA RATON, FL 33432 | ASSET PROTECT           | FL   | -1,437.             | NONE                      | GSSF                             |
| (2)   |                         |  |                     |                           |                                  |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |
| (6)   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1)   |                         |  |                            |   |                                  |  |    |
| (2)   |                         |  |                            |   |                                  |  |    |
| (3)   |                         |  |                            |   |                                  |  |    |
| (4)   |                         |  |                            |   |                                  |  |    |
| (5)   |                         |  |                            |   |                                  |  |    |
| (6)   |                         |  |                            |   |                                  |  |    |
| (7)   |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2021

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)   |                         |  |                                  |  |                              |                                    |                             |  |    |

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

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

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.  | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s)   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s)  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s)   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s)   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s)   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s)  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.   | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s)   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s)   | <b>1s</b> |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |