** PUBLIC DISCLOSURE COPY **
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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022
Open to Public Inspection

A F	or the	2022 calendar year, or tax year beginning	and	enaing					
B c	heck if pplicable:	C Name of organization			D Employer ident	lification number			
	Address	school's out washington							
F	Name change	Doing business as			46-080971				
	Initial	Number and street (or P.O. box if mail is not deli-	E Telephone numl						
	Final return/	625 ANDOVER PARK WEST, SUITE 101	206-323-2396						
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	G Gross receipts \$ 14,766,299.			
	Amende	TUKWILA WA 98188			H(a) Is this a group				
Γ	Applica-	F Name and address of principal officer: ELIZA	BETH WHITFORD			tes? Yes X No			
	pending	SAME AS C ABOVE			1	es included? Yes No			
1.3	ax-exe	mpt status: X 501(c)(3) 501(c)((insert no.) 4947(a)(1)	or 527	4	n a list. See instructions			
	Vebsite				H(c) Group exemp				
K F	orm of o	organization: X Corporation Trust Ass	ociation Other	L Year	of formation: 2012	M State of legal domicile: WA			
	such II	Cumman							
	1 E	Briefly describe the organization's mission or most s	significant activities: SCHOOL	'S OUT WA	ASHINGTON PROVII	DES			
ce	s	SERVICES AND GUIDANCE FOR ORGANIZATION	S TO ENSURE ALL TOUNG	PEOFEE					
nan	2 6	Check this box if the organization discon	tinued its operations or dispo	sed of more	than 25% of its net	assets.			
Ver	3 1	Number of voting members of the governing body (3 10			
Ĝ	4 1	Number of independent voting members of the gove	erning body (Part VI, line 1b)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4 10			
eŏ	5 7	Fotal number of individuals employed in calendar ye	ear 2022 (Part V, line 2a)			5 62			
Ę	6 7	Total number of volunteers (estimate if necessary)				6 12			
Activities & Governance	7a7	Fotal unrelated business revenue from Part VIII, coli	umn (C), line 12			7a 0.			
Ă	b 1	Net unrelated business taxable income from Form 9	90-T, Part I, line 11			7b 0.			
				_	Prior Year	Current Year			
	8 (Contributions and grants (Part VIII, line 1h)			14,574,93				
Revenue	9 F	Program service revenue (Part VIII, line 2g)			268,44				
Š	10 I	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		8,27				
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0. 8,232.				
	12	Total revenue - add lines 8 through 11 (must equal l	Part VIII, column (A), line 12)		14,851,65				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,853,15				
	14 8	Benefits paid to or for members (Part IX, column (A)	, line 4)			0. 0.			
	145 6	Salaries, other compensation, employee benefits (F	art IX, column (A), lines 5-10)		3,119,59				
Se	16a F	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0. 8,468.			
Expenses	Ь.	Fotal fundraising expenses (Part IX, column (D), line		,089.		1 740 460			
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1,627,71				
	18	Total expenses. Add lines 13-17 (must equal Part I)	(, column (A), line 25)		14,600,46				
		Revenue less expenses. Subtract line 18 from line			251,18				
or	4			Be	eginning of Current Ye				
Net Assets or	20	Total assets (Part X, line 16)			3,667,28				
ASS	21	Total liabilities (Part X, line 26)			467,68				
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		3,199,59	2,230,217			
I D	art II	Signature Block				function and holiaf it is			
Und	der penal	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the best of	f my knowledge and belief, it is			
true	e, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	thich prepare	r has any knowledge.				
		with			Date	28/23			
Sig	ın	Signature of officer			Date				
Не		LIZABETH WHITFORD, CEO							
		Type or print name and title			Date Check	k PTIN			
		Print/Type preparer's name	Preparer's signature		if				
Pai	d	SARA ELIZABETH H. JONES	SARA ELIZABETH H. JONE	is		Simple) de			
Pre	parer	Firm's name CLARK NUBER PS			Firm's EIN)I-II)4010			
Use	Only	Firm's address 10900 NE 4TH ST STE 1400			DI	425-454-4919			
		BELLEVUE, WA 98004			I Phone no.				
14	Our Ir	oc discuss this return with the preparer shown abo	ve? See instructions			X Yes No			

	1990 (2022) SCHOOL'S OUT WASHINGTON	46-0809713	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	SCHOOL'S OUT WASHINGTON PROVIDES SERVICES AND GUIDANCE FOR		
	ORGANIZATIONS TO ENSURE ALL YOUNG PEOPLE HAVE SAFE PLACES TO LEARN AND		
	GROW WHEN NOT IN SCHOOL. SOWA IS DEDICATED TO BUILDING COMMUNITY		
	SYSTEMS TO SUPPORT QUALITY AFTERSCHOOL, YOUTH DEVELOPMENT AND SUMMER		
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 m	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 11,409,276. including grants of \$ 10,595,751.) (Revenue	e \$)
	OUR GRANTMAKING PROGRAM SUPPORTS EXPANDED LEARNING OPPORTUNITIES		
	THROUGHOUT THE STATE. CURRENTLY, WE PROVIDE GRANTS TO SUPPORT REFUGEE		
	YOUTH WITH OUR REFUGEE SCHOOL IMPACT PROGRAM AND IN KING COUNTY THROUGH		
	THE BEST STARTS FOR KIDS EXPANDED LEARNING INITIATIVE. IN 2022 WE ALSO		
	PROVIDED FUNDING THROUGHOUT THE STATE TO SUPPORT SUMMER PROGRAMS FOR		
	YOUTH.		
4b	(Code:) (Expenses \$ 1 , 617 , 071 . including grants of \$) (Revenue	e \$ 25	51,227.
	THE STATEWIDE PROGRAM QUALITY INITIATIVE WORKS TO ENSURE THAT		
	AFTERSCHOOL AND YOUTH DEVELOPMENT PROGRAMS MEET HIGH QUALITY STANDARDS		
	OF PRACTICE THROUGH ASSESSMENT, TRAINING, COACHING AND CAPACITY		
	BUILDING.		
4c	(Code:) (Expenses \$1,415,853. including grants of \$76,127.) (Revenue	- ¢ 2.4	12,826.
40	SCHOOL'S OUT WASHINGTON IS AN INTERMEDIARY ORGANIZATION WORKING TO	e\$, 020.
	ENSURE ALL YOUTH HAVE SAFE PLACES TO LEARN AND GROW WHEN NOT IN SCHOOL.		
	WE DO NOT DIRECTLY SERVE YOUTH, BUT INSTEAD PROVIDE AFTERSCHOOL AND		
	YOUTH DEVELOPMENT PROVIDERS, COMMUNITIES, AND DECISION MAKERS WITH THE		
	RESOURCES, TOOLS, SKILLS, AND KNOWLEDGE THEY NEED TO SUPPORT YOUTH IN		
	ACHIEVING POSITIVE OUTCOMES IN SCHOOL AND IN LIFE.		
4d	Other program services (Describe on Schedule O.)	FF 200	
	(Expenses \$ 508,799. including grants of \$ 103,455.) (Revenue \$	55,399.)	
<u>4e</u>	Total program service expenses 14,950,999.		

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Form 990 (2022) SCHOOL'S OUT WASHINGTON Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			"
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا ـ ا		"
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_ ,	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>

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Form 990 (2022) SCHOOL'S OUT WASHINGTON Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		,,
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		, , ,
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
k	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Δ.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	005		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 68			
k	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>
		F 0 5 100	aan .	(0000)

Form	990 (2022) SCHOOL'S OUT WASHINGTON 46-080971	.3	P	age 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			

Ta	At any time during the calendar year, and the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f		7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1							
11	Section 501(c)(12) organizations. Enter:	1							
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1							
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand	1							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.	Ť							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.	<u>`</u>							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							

If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10								
2	The first fi								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- 1 52							
-	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.2							
а	The governing body?	8a	х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00							
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	tion 21 one 35 (mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No					
102	Did the organization have local chapters, branches, or affiliates?	10a	103	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104							
D		10b							
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha							
		12a	х						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Х						
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
С		40-	х						
40	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Λ						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v						
a	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
4.0	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	4.5		v					
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
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)	avai l at	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website 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	financ	cial						
	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								
	ELIZABETH WHITFORD - 206-323-2396								
	625 ANDOVER PARK WEST, SUITE 101, TUKWILA, WA 98188								

SCHOOL'S OUT WASHINGTON Page 7

Form 990 (2022) 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	Jiga	IIIZa		C)	ipci	isatt	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	nal tru	onalt		ployee	comp ee		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ELIZABETH WHITFORD	40.00	=	=	0	$\overline{}$	工业	-			
CEO				Х				137,376.	0.	11,364.
(2) ELIZABETH DIRECTOR	40.00									
DIRECTOR OF FINANCE & ADMINISTRATION				Х				105,343.	0.	10,861.
(3) SCOTT CALDWELL	4.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) SUKHI DHALIWAL	2.00									
VICE PRESIDENT THRU 02/22		Х	$ldsymbol{ley}}}}}}}$	Х	$oxed{oxed}$		$oxed{oxed}$	0.	0.	0.
(5) CEIL ERICKSON	2.00									
SECRETARY THRU 02/22, VICE PRESIDENT		Х	$ldsymbol{ldsymbol{eta}}$	Х	<u> </u>	$oxed{oxed}$	L	0.	0.	0.
(6) MAURICIO MAJANO	2.00									
SECRETARY FROM 03/22		Х	ldash	Х	\vdash	_	\vdash	0.	0.	0.
(7) STEPHANIE THOMSEN	2.00									
TREASURER THRU 02/22		Х	\vdash	Х	L	L	L	0.	0.	0.
(8) DAISY CATAGUE	2.00									
TREASURER FROM 03/22		Х	H	Х	H	H	H	0.	0.	0.
(9) JODY ROSENTSWIEG	2.00	l l								
BOARD MEMBER		Х	H	Н	H	H	H	0.	0.	0.
(10) NICOLE YOHALEM	2.00								_	
BOARD MEMBER	0.00	Х	H	\vdash	H	H	\vdash	0.	0.	0.
(11) AMBER ORTIZ-DIAZ	2.00	.,						0.	0.	_
BOARD MEMBER (12) MUSTAFA BULALE	2.00	Х	H	Н	H	H	H	0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(13) ROWENA PINEDA	2.00	Δ	H	Н	H	\vdash	Н	0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(14) LUIS GOMEZ	2.00		Н	\vdash	\vdash	\vdash	Н	0.	· ·	<u>.</u>
BOARD MEMBER	2.00	х						0.	0.	0.
		Ë	\vdash	\vdash	\vdash	\vdash	\vdash	· ·	· ·	•
		Ш		$oxed{oxed}$		$oxed{oxed}$	L			

Form 990 (2022) 232007 12-13-22

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable			imated				
	hours per week	box, unless person is both an officer and a director/trustee)					compensation compensati			l .	ount of other	
	(list any	tor						the	organization			ensation
	hours for	r direc				pa		organization	(W-2/1099-M I S			m the
	related	stee or	rustee			ensat		(W-2/1099-MISC/	1099-NEC)			ınization
	organizations be l ow	al trus	onal tı		loyee	comp		1099-NEC)			l .	related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emp l oyee	Former				orgai	nizations
	,	=	-	0	3	工品	Œ.			-		
					П		Г			\neg		
			_		<u> </u>	\vdash	L					
		H			H	\vdash	H					
					\vdash	\vdash	H			-		
			П	П	Т	Т	Г			\neg		
			_		<u> </u>	\vdash	L					
dl. Colored							_	242,719.		0.		22,225.
1b Subtotal								0.		0.		0.
d Total (add lines 1b and 1c)								242,719.		0.		22,225.
Total number of individuals (including but n									000 of reportable			
compensation from the organization						,						2
												Yes No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	Х
4 For any individual listed on line 1a, is the su									•			
and related organizations greater than \$150											4	Х
5 Did any person listed on line 1a receive or a					-			_	lual for services		_	х
rendered to the organization? If "Yes," com	plete Schedule	9 <i>J †</i> (or st	ıch <u>i</u>	<u>oers</u>	on .					5	Α
Complete this table for your five highest contains the second secon	mpensated ind	epe	nde	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comr	ensa	tion fro	m
the organization. Report compensation for												
(A)								(B)			(C))
Name and business	address						_	Description of s	ervices	С	ompen	sation
GLORIA JORDAN												
8614 25TH AVE NE, SEATTLE, WA 98115							_	CONSULTING				105,000.
							\dashv					
							\dashv		-			
							_					
2 Total number of independent contractors (in	nc l udina but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than			

1

\$100,000 of compensation from the organization

46-0809713

Statement of Revenue

		Check if Schedule O contains a response	or note to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b						
E,G	С	Fundraising events 1c					
ar /	d	Related organizations1d					
s, G	е	Government grants (contributions) 1e	13,534,458.				
Sign	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	664,314.				
a di	g	Noncash contributions included in lines 1a-1f					
ပ္ပိ မ	h	Total. Add lines 1a-1f		14,198,772.			
			Business Code				
9	2 a		611710	209,050.	209,050.		
e Z	b	WORKSHOPS & TRAINING	611710	200,949.	200,949.		
n Si	С	OTHER PROGRAM REVENUE	611710	139,453.	139,453.		
Jev Sev	d		\longrightarrow				
Program Service Revenue	е		\longrightarrow				
<u>-</u>	f	All other program service revenue	L	E40 4E2			
-	g		-	549,452.			
	3	Investment income (including dividends, intere		7,318.			7,318.
	4	other similar amounts) Income from investment of tax-exempt bond p		7,310.			7,510.
	5	Royalties	Toceeds				
	Ü	(i) Real	(ii) Personal				
	6 a						
	b						
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	2,525.				
	b	Less: cost or other basis					
ne		and sales expenses 7b	0.				
Other Revenue	С	Gain or (loss)7c	2,525.				
Re		Net gain or (loss)		2,525.			2,525.
ther	8 a	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a Less: direct expenses 8b	\vdash				
	b						
	C	Net income or (loss) from fundraising events Gross income from gaming activities. See	····				
	_a	Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
, 0			Business Code				
Sno.	11 a	EXHIBITOR FEE	900099	6,650.			6,650.
Miscellaneous Revenue	b	CREDIT CARD REBATE	900099	1,582.			1,582.
Sell	С		\vdash				
Mis	d	All other revenue					
\Box	е	Total. Add lines 11a-11d		8,232.			
	12	Total revenue. See instructions		14,766,299.	549,452.	0.	18,075.

Form 990 (2022) SCHOOL'S OUT WASHINGTON Part IX | Statement of Functional Expenses

Pai	Part IX Statement of Functional Expenses									
Secti	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 respon	se or note to any line in	this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	10,775,334.	10,775,334.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	264,945.	81,469.	165,578.	17,898.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.445.004	0.455.400	155 005	101 155					
7	Other salaries and wages	2,415,894.	2,157,432.	157,307.	101,155.					
8	Pension plan accruals and contributions (include	45 455	20.005	2 244	0 440					
	section 401(k) and 403(b) employer contributions)	45,157.	38,895.	3,844.	2,418.					
9	Other employee benefits	193,681.	172,399.	12,202.	9,080.					
10	Payroll taxes	229,675.	194,506.	25,163.	10,006.					
11	Fees for services (nonemployees):									
a	Management	7 522	2 552	4 001						
b	Legal	7,533.	2,552.	4,981.						
C	Accounting	57,108.	2,732.	54,376.						
d	Lobbying	30,000. 8,468.	30,000.		8,468.					
e	Professional fundraising services. See Part IV, line 17	0,400.			0,400.					
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	723,687.	668,252.	37,515.	17,920.					
40	column (A), amount, list line 11g expenses on Sch O.)	725,007.	000,232.	37,313.	17,520.					
12	Advertising and promotion	32,504.	24,673.	2,484.	5,347.					
13	Office expenses	49,153.	34,921.	5,125.	9,107.					
14	Information technology	49,100.	34,721.	3,123.	5,107.					
15	Royalties	316,574.	274,715.	29,983.	11,876.					
16	Occupancy	47,988.	46,894.	531.	563.					
17 18	Payments of travel or entertainment expenses	27,2004	20,052.	302.						
10	for any federal, state, or local public officials	5,607.	5,607.							
19	Conferences, conventions, and meetings	1,539.	1,435.		104.					
20	Interest	_,	_,===							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	28,202.	24,099.	3,063.	1,040.					
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.)	,	,	,	,					
а	SUPPLIES	194,040.	188,262.	4,652.	1,126.					
b	NON-SUBRECIPIENT AWARDS	90,195.	90,045.		150.					
c	EQUIPMENT RENTAL	59,382.	56,108.	2,341.	933.					
d	BUSINESS TAXES	37,122.	36,371.	751.						
е	All other expenses	61,826.	44,298.	13,630.	3,898.					
25	Total functional expenses. Add lines 1 through 24e	15,675,614.	14,950,999.	523,526.	201,089.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022) Part X Balance Sheet

Pal	τχ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X	·		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	210,502.	1	236,525.
	2	Savings and temporary cash investments	2,179,220.	2	1,759,850.
	3	Pledges and grants receivable, net	1,193,956.	3	631,976.
	4	Accounts receivable, net	50,971.	4	45,808.
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	0.	8	2,739.
Ä	9	Prepaid expenses and deferred charges	11,992.	9	61,503.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 39,534.			
	b	Less: accumulated depreciation 10b 33,365.	1.	10c	6,169.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	20,639.	15	40,403.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,667,281.	16	2,784,973.
	17	Accounts payable and accrued expenses	376,612.	17	339,333.
	18	Grants payable		18	
	19	Deferred revenue	0.	19	114,936.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	91,077.	25	40,427.
	26	Total liabilities. Add lines 17 through 25	467,689.	26	494,696.
"		Organizations that follow FASB ASC 958, check here			
čě		and complete lines 27, 28, 32, and 33.			1 510 000
alar	27	Net assets without donor restrictions	1,355,110.	27	1,548,380.
B	28	Net assets with donor restrictions	1,844,482.	28	741,897.
un		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	2 100 ===	31	0 000 0==
Se	32	Total net assets or fund balances	3,199,592.	32	2,290,277.
	33	Total liabilities and net assets/fund balances	3,667,281.	33	2,784,973.

Form **990** (2022)

Ра	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14,	766,	299.
2	Total expenses (must equal Part IX, column (A), line 25)	2		15,	675,	614.
3	venue less expenses. Subtract line 2 from line 1				909,	315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,	199,	592.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		2,	290,	277.
Pa	t XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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?		L	2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edu l e C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h	Х	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Inspection
Employer identification number

OMB No. 1545-0047

SCHOOL'S OUT WASHINGTON 46-0809713 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,711,620.	7,853,850.	17,925,256.	14,574,931.	14,198,772.	62,264,429.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,711,620.	7,853,850.	17,925,256.	14,574,931.	14,198,772.	62,264,429.
	The portion of total contributions						, ,
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,336,815.
6	Public support. Subtract line 5 from line 4.						59,927,614.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	7,711,620.	7,853,850.	17,925,256.	14,574,931.	14,198,772.	62,264,429.
	Gross income from interest,						, ,
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,161.	14,574.	11,553.	8,279.	7,318.	45,885.
9	Net income from unrelated business	<u> </u>	,	,	·	<u> </u>	,
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					8,232.	8,232.
11	Total support. Add lines 7 through 10					, -	62,318,546.
	Gross receipts from related activities,	etc (see instructio	ne)			12	1,907,212.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v	vear as a section 50		, , ,
	organization, check this box and stor	=		-			
Sed	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	96.16 %
	Public support percentage from 2021					15	95.59 %
	33 1/3% support test - 2022. If the o					ore, check this box	
	stop here. The organization qualifies	•					
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	•					
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization						

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
_	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	<u>%</u>
	Public support percentage from 2021					16	<u>%</u>
	ction D. Computation of Inves			10 1 (0)		I I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2022. If the						/ is not
_	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	<u>box on line 14, 19</u> ;	a, or 19b, check th	nis box and see ins	tructions	

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
20		
3a		
Ol-		
3b		
3c		
4a		
4b	\Box	
4c		
5a		
5b		
5c		
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8		
9a		
9b		
9c		_
10a		
10b		
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Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b	П	
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
·	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	struction	10)	
2	Activities Test. Answer lines 2a and 2b below.	straction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_~		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

Pai	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 mu		-		
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optiona l)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5		ĺ	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see	
	instructions).			,	

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	3	3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	S	Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
С	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u>i</u>	Carryover from 2017 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
<u>a</u>	Excess from 2018						
b	Excess from 2019						
С	Excess from 2020						
d	Excess from 2021						
е	Excess from 2022						

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 SCHOOL'S OUT WASHINGTON	46-0809713	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Sectio V, Section B, line 1e; P	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
REFUNDS, REWARDS		
2022 AMOUNT: \$ 1,582.		
EXHIBITOR FEES		
2022 AMOUNT: \$ 6,650.		

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization

Employer identification number

SCHOOL'S OUT WASHINGTON

46-0809713

Organization	type (check one):				
Filers of:	Section:				
Form 990 or 9	90-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				
	organization is covered by the General Rule or a Special Rule. ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
<u> </u>	n organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or erty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
secti contr	n 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 ons 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 libutor, 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; Form 990-EZ, line 1. Complete Parts I and II.				
contr litera	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.				
year, is che purpe	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., ose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively bus, charitable, etc., contributions totaling \$5,000 or more during the year \$				
answer "No" o	rganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must n 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 meet the filing requirements of Schedule B (Form 990).				

 $\label{eq:local_local_local_local} \parbox{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

SCHOOL'S OUT WASHINGTON

46-0809713

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
1		\$6,668,904.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$4,673,442.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
3		\$1,370,575.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$571,166.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

SCHOOL'S OUT WASHINGTON

46-0809713

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	rganization		Employer identification number
SCHOOL'S	OUT WASHINGTON		46-0809713
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line entrestantiable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ess for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	<u> </u>
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		<u> </u>	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Full pose of gift	(c) ose of gift	(d) Description of now gift is neid
		(e) Transfer of gift	<u> </u>
	Transferee's name, address, a	nd ZI P + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number SCHOOL'S OUT WASHINGTON 46-0809713 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955\$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

Schedule C (Form 990) 2022 Part II-A Complete if the org section 501(h)).	school's out wase panization is exen		n 501(c)(3) and file		809713 Page 2 ection under
expenses, and shar	tion belongs to an affil re of excess lobbying e tion checked box A an	expenditures).		group member's name	e, address, EIN,
Limi	ts on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe b Total lobbying expenditures to influe c Total lobbying expenditures (add lid d Other exempt purpose expenditure e Total exempt purpose expenditure f Lobbying nontaxable amount. Ente If the amount on line 1e, column (a) of Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,500 Over \$17,000,000	uence a legislative bod nes 1a and 1b) es s (add lines 1c and 1d) er the amount from the or (b) is: The lob 20% of t 0,000 \$100,000	y (direct lobbying) following table in both bying nontaxable am the amount on line 1e. Double 15% of the excel plus 10% of the excel plus 5% of the excel	ount is: ess over \$500,000. ess over \$1,000,000.		
g Grassroots nontaxable amount (erh Subtract line 1g from line 1a. If zer	,				
i Subtract line 1f from line 1c. If zeroj If there is an amount other than ze	,	ine 1i. did the organiza			
reporting section 4911 tax for this				[Yes No
(Some organizations t	hat made a section 50	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all o	of the five columns be	elow.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					

Schedule C (Form 990) 2022

d Grassroots nontaxable amounte Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or			
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of:			
а	Volunteers?		Х	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х		
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?	Х		13,666.
	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
g		Х		51,026.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
	Other activities?		Х	64.600
	Total. Add lines 1c through 1i		**	64,692.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	. 501(c)(<u> </u> 5) or sec	tion.
r ai	501(c)(6).	1 30 1 (0)(oj, or sec	, tion
	001(0)(0):			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	100
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			
	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '			
	answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	al		
	expenses for which the section 527(f) tax was paid).			
	Current year			
b	Carryover from last year			
С				
3			3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical		
_	expenditures next year?		4	
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5	
_	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liot\: Dort II	Λ lines 1 s	nd 2 (Soo
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi), ran ii	A, IIIIes I a	nu 2 (366
	! II-B, LINE 1, LOBBYING ACTIVITIES:			
1(D)	: COMMUNICATED WITH PUBLIC VIA EMAIL AND IN PERSON TO ENGAGE PUBLIC			
IN A	ADVOCATING FOR FUNDING FOR YOUTH DEVELOPMENT.			
1(G)	: MET WITH LOCAL REPRESENTATIVES AND COALITIONS TO DISCUSS AND			

FURTHER EXPANDED LEARNING OPPORTUNITIES AND ENCOURAGE GOVERNMENT

Schedu l e C (For	m 990) 2022	school's ou	T WASHIN	GTON			46-0809713	Page 4
Part IV Su	m 990) 2022 pplemental Infor	mation (continu	ued)					
INVOLVEMENT A	AND FUNDING AT TH	HE NATIONAL	STATE L	OCAL LEVEL				
		,	,		-			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

SCHOOL'S OUT WASHINGTON

Employer identification number 46-0809713

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes Off Offi 530, Fatt N, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	Ivisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreati		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified day of the tax year.	ed conservation contribution in the form	of a conservation easement on the last Held at the End of the Tax Year
_			
a	Total number of conservation easements Total acreage restricted by conservation easements		l I
b	Number of conservation easements on a certified historic structure.	atura inaliudad in (a)	
	Number of conservation easements on a certified historic structures of conservation easements included in (c) acquired af		20
u	historic structure listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, rele		
Ů	year	adda, extingaionda, or terrimated by the	organization daring the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, hand $\mbox{\it li}$	ing of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	_	ents that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of		her Similar Assets
ı aı	Complete if the organization answered "Yes" on Form 9		iller Ollillar Assets.
10	If the organization elected, as permitted under FASB ASC 958		and halanco shoot works
Ia	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance	,	
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	,	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			*
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	9	\$
	Assets included in Form 990, Part X		

Pai	rt III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, or	Other S	Similar Asse	ts (contir	nued)		
3	Using the organization's acquisition, accessic	n, and other record	s, check	any of the f	ollowing that	make sign	ificant use of its				
	collection items (check all that apply):			-		_					
а	Public exhibition	c	ı 🗆 ı	Loan or exc	hange progra	ım					
b	Scholarly research	e			0 1 0						
С	Preservation for future generations										
4											
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pai	rt IV Escrow and Custodial Arrang							, line 9, or			
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for c	ontribution	s or other ass	ets not inc	luded				
	on Form 990, Part X?		-					Yes	No		
b	If "Yes," explain the arrangement in Part XIII a										
		·						Amoun	t		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?	Yes	No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on F	Part XIII .					
Pai	rt V Endowment Funds. Complete if	the organization an	swered '	"Yes" on Fo	rm 990, Part	IV, line 10.					
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three years bacl	(e) Four	r years back		
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a)) he l d as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c shou	lld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation that	are held ar	nd administer	ed for the					
	organization by:							-	Yes No		
	(i) Unrelated organizations							. 3a(i)			
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organizat							3b			
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered		T								
	Description of property	(a) Cost or o basis (investr			or other (other)	. ,	umulated eciation	(d) Boo	k value		
1a	Land										
b	Buildings										
С	Leasehold improvements				11,134.		4,965.		6,169.		
d	Equipment				28,400.		28,400.		0.		
	Other										
Total	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum	n (B). line 1	0c.)				6,169.		

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 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

40,427.

(9)

Pa	TXI Reconciliation of Revenue per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV,		•	
_	Total revenue, gains, and other support per audited financial statements		1 1	14,766,299.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			14,700,200.
2	·	1 00 1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants Other (Describe in Part VIII.)	1 1		
d	Other (Describe in Part XIII.) Add lines 2a through 2d	<u> </u>		0.
e				14,766,299.
3	Subtract line 2e from line 1		3	14,700,200.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) Add lines 4a and 4b		40	0.
C				14,766,299.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S	Statements With Expens	ses ner Return	14,700,233.
1 4	Complete if the organization answered "Yes" on Form 990, Part IV,		oco por motarni	
1	Total expenses and losses per audited financial statements		1	15,675,614.
2	Amounts included on line 1 but not on Form 990. Part IX, line 25:			, , ,
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
C	Other losses	1 1		
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	•	2e	0.
3	Subtract line 2e from line 1			15,675,614.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			, , ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
IJ				
_		<u> </u>	40	0.
c 5	Add lines 4a and 4b			0. 15,675,614.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	2 18.)	5	15,675,614.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	d 4; Part IV, lines 1b and 2b; P	5	15,675,614.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; P	5	15,675,614.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; P	5	15,675,614.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; P	5	15,675,614.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; P	5	15,675,614.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; P	5	15,675,614.
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b; P	5	15,675,614.

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.

Department of the Treasury Internal Revenue Service			Go to www.irs	attach to Form.gov/Form990 for		ation.			Inspec	
Name of the organization	n school's out v	AN CHINGBON		-3				Employer id	dentification	
Part General Info	ormation on Grants a								46-0009	/13
1 Does the organiza	tion maintain records t	o substantiate the				-		_	X Yes	□ No
	Other Assistance to I					anization answered "Y	es" on Form 990, Part	t IV, line 21, f	or any	
1 (a) Name and add or gove	lress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of gi r assistance	
A 4 APPLE LEARNING 323 23RD AVE S STE SEATTLE, WA 98144-	E A	85-2777656	501(C)(3)	54,256.	0.			BSK		
ABUBAKR ISLAMIC CE 14101 INTERNATIONA TUKWILA, WA 98168-	AL BLVD	91-2110135	501(C)(3)	36,113.	0.			BSK		
ACADEMY FOR CREATI 3120 RAINIER AVE S SEATTLE, WA 98144-	3	81-2983424	501(C)(3)	30,500.	0.			STIPEND F BOARD SER YOUTH PRO	VICE, SO	
ACT SIX 111 UNIVERSITY PKW YAKIMA, WA 98901-1		20-0697012	501(C)(3)	44,000.	0.			OSPI SUMM	IER	
AFRICAN COMMUNITY DEVELOPMENT - 1625 STE 206 - SEATAC,	66 MILITARY RD S	83-1665288	501(C)(3)	42,000.	0.			OSPI SUMM	ŒR	
AFRICAN YOUNG DREA PROGRAM - 2001 6TH SEATTLE, WA 98121-	H AVE STE 2600 -	81-1635515	501(C)(3)	44,000.	0.			OSPI SUMM	ŒR	
	r of section 501(c)(3) a	0	,							196.
3 Enter total number									le I (Form 9	

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Schedule I (Form 990) SCHOOL'S OUT Part II Continuation of Grants and Other		nostic Organizations	and Domostic Go	wornmonte (Sch	edule I (Form 990) Pa		46-0809713 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENGLEWOOD CHRISTIAN CHURCH 511 N 44TH AVE YAKIMA, WA 98908-2608	91-0685751	501(C)(3)	16,000.	0.			OSPI SUMMER
AFTER-SCHOOL ALL-STARS 5900 WILSHIRE BLVD STE 2000 LOS ANGELES, CA 90036-5044	95-4441208	501(C)(3)	78,200.	0.			BSK
AMT UP 3D 11223 51ST AVE S TUKWILA, WA 98178-2019	87-1546004	501(C)(3)	90,522.	0.			BSK
ARTS CORPS 4408 DELRIDGE WAY SW STE 110 SEATTLE, WA 98106-1348	91-2044679	501(C)(3)	117,318.	0.			BSK
ATLANTIC STREET CENTER 2103 S ATLANTIC ST SEATTLE, WA 98144-3615	91-0568710	501(c)(3)	59,085.	0.			BSK
AUBURN SCHOOL DISTRICT 915 4TH ST NE AUBURN, WA 98002-4452	91-6001640	GOVERNMENT	285,004.	0.			RSIP, BSK
BLACK DOLLAR DAYS TASK FORCE 116 21ST AVE SEATTLE, WA 98122-5912	91-1475024	501(c)(3)	43,000.	0.			OSPI SUMMER
BLUE LEGACY 7419 EBBERT DR SE PORT ORCHARD, WA 98367-9753	83-4307421	501(c)(3)	14,000.	0.			OSPI SUMMER
BOYS & GIRLS CLUBS OF BELLEVUE 209 100TH AVE NE BELLVUE, WA 98004-5625	91-0776451	501(C)(3)	289,833.	0.			BSK

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Schedule I (Form 990) SCHOOL'S OUT							46-0809713 P
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF BENTON & FRANKLIN - PO BOX 1 - PASCO, WA 99301-1201	91-1673327	501(C)(3)	43,000.	0.			OSPI SUMMER
BOYS & GIRLS CLUBS OF KING COUNTY 603 STEWART ST STE 300 SEATTLE, WA 98101-1289	91-0532600	501(C)(3)	43,000.	0.			OSPI SUMMER
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND - 3875 S 66TH ST STE 101 - TACOMA, WA 98409-2471	91-0759832	501(C)(3)	43,000.	0.			OSPI SUMMER
BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY - 8223 BROADWAY STE 100 - EVERETT, WA 98203-6874	91-0549511	501(C)(3)	43,000.	0.			OSPI SUMMER
BOYS & GIRLS CLUBS OF SPOKANE COUNTY - 544 E PROVIDENCE AVE - SPOKANE, WA 99207-1874	91-1983357	501(C)(3)	40,000.	0.			OSPI SUMMER
BOYS & GIRLS CLUBS OF THE OLYMPIC PENININSULA - 400 W FIR ST - SEQUIM, WA 98382-3326	91-1376766	501(C)(3)	44,000.	0.			OSPI SUMMER
BOYS AND GIRLS CLUBS OF THURSTON COUNTY - 2424 HERITAGE CT SW STE 301 - OLYMPIA, WA 98502-6046	91-2124629	501(C)(3)	30,000.	0.			OSPI SUMMER
BRAIDED SEEDS PO BOX 58512 TUKWILA, WA 98138-1512	85-2607807	501(C)(3)	11,000.	0.			OSPI SUMMER
BRAVE - INSPIRATIONAL WORKSHOPS PO BOX 88113 SEATTLE, WA 98138-2113	82-4494610	501(C)(3)	62,691.	0.			BSK

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Schedule I (Form 990) SCHOOL'S OUT I		nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) Pa		46-0809713 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUGANDA DEVELOPMENT CULTURAL ASSOCIATION - 9021 WASHINGTON BLVD SW - LAKEWOOD, WA 98498-2638	81-2710814	501(C)(3)	35,000.	0.			OSPI SUMMER
BUILD 2 LEAD 1947 S 371ST PL FEDERAL WAY, WA 98003-7561	84-5112432	501(c)(3)	43,000.	0.			ospi summer
CAMP KOREY 19031 33RD AVE W STE 211 LYNNWOOD, WA 98036-4731	20-3829742	501(C)(3)	43,000.	0.			OSPI SUMMER
CATHOLIC CHARITIES HOUSING SERVICES DISOCESE OF YAKIMA - 5301 TIETON DR STE G - YAKIMA, WA 98908-3479	91-1955616	501(C)(3)	13,000.	0.			OSPI SUMMER
CEDARROOT FOLK SCHOOL PO BOX 253 NORDLAND, WA 98358-0253	27-3566407	501(C)(3)	14,000.	0.			OSPI SUMMER
SOCIETY OF ST. VINCENT DE PAUL COUNCIL OF SEATTLE-KING COUNTY - 5950 4TH AVE S - SEATTLE, WA 98108-3208	91-0583891	501(C)(3)	92,860.	0.			BSK
CHILD CARE RESOURCES 1225 S WELLER ST STE 300 SEATTLE, WA 98144-1906	91-1465046	501(C)(3)	35,000.	0.			SOAR: KING COUNTY EARLY LEARNING COALITION
CHILDRENS HOME SOCIETY OF WASHINGTON - 12360 LAKE CITY WAY NE STE 450 - SEATTLE, WA 98125-5452	91-0575955	501(c)(3)	45,500.	0.			FEED YOUR BRAIN, OSPI SUMMER
CHINESE INFORMATION & SERVICE CENTER - 611 S LANE ST - SEATTLE, WA 98104-2939	23-7438529	501(C)(3)	137,173.	0.			BSK

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY FRUIT 4000 AURORA AVE N STE 123 SEATTLE, WA 98103-7818	80-0579830	501(C)(3)	10,000.	0.			OSPI SUMMER
CITY OF RENTON 1055 S GRADY WAY RENTON, WA 98057-3232	91-6001271	MUNICIPALITY	87,003.	0.			BSK
CITY OF SEATTLE - PARKS & RECREATION - PO BOX 94626 - SEATTLE, WA 98124-6926	91-6001275	GOVERNMENT	228,046.	0.			BSK
CITY YEAR, INC. 2203 23RD AVE S STE 101 SEATTLE, WA 98144-4636	22-2882549	501(C)(3)	13,500.	0.			TLOC THRIVING LEADERS
CLALLAM COUNTY YMCA - OLYMPIC PENINSULA - 675 N 5TH AVE STE 3A - SEQUIM, WA 98382-3066	91-0652924	501(C)(3)	21,000.	0.			pspi summer
CLASSROOM IN BLOOM PO BOX 1264 WINTHROP, WA 98862-1220	90-0480661	501(C)(3)	23,500.	0.			FEED YOUR BRAIN, OSPI SUMMER
COMMUNITIES IN SCHOOLS OF NORTH CENTRAL WA - 1010 S 336TH ST STE 205 - FEDERAL WAY, WA 98003-7354	91-1541026	501(C)(3)	45,000.	0.			OSPI SUMMER
COMMUNITIES OF COLOR COALITION 23931 HIGHWAY 99 STE 102 EDMONDS, WA 98026-9259	42-1697145	501(C)(3)	43,000.	0.			OSPI SUMMER
COMMUNITIES OF ROOTED BRILLIANCE 5224 WILSON AVE S STE 201 SEATTLE, WA 98118-2287	27-1458930	501(C)(3)	141,638.	0.			BSK

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOR YOUTH 1225 S WELLER ST STE 320 SEATTLE, WA 98144-1906	52-1494505	501(C)(3)	17,000.	0.			ospi summer
COMMUNITY LEADERS ROUNDTABLE OF SEATTLE - 1416 SW 151ST ST - BURIEN, WA 98166-1715	46-4242313	501(C)(3)	18,500.	0.			TLOC THRIVING LEADERS
COMMUNITY YOUTH SERVICES 711 STATE AVE NE OLYMPIA, WA 98506-3984	91-0859922	501(C)(3)	8,537.	0.			OSPI SUMMER
COMPUKIDZ WORLDWIDE 7100 FORT DENT WAY STE 100 TUKWILA, WA 98188-8553	39-2068784	501(C)(3)	43,000.	0.			OSPI SUMMER
CONCERNED CITIZENS 945 S FORKS AVE FORKS, WA 98331-9173	91-1156809	501(C)(3)	22,000.	0.			OSPI SUMMER
CULTURESEED 37 NESTOR PEAK RD WHITE SALMON, WA 98672-8313	20-3027110	501(C)(3)	40,000.	0.			OSPI SUMMER
DARE2BE PROJECT PO BOX 1534 RENTON, WA 98057	83-3590168	501(C)(3)	34,795.	0.			BSK
DIASPORA FAMILY HEALING NETWORK 24323 106TH PL SE KENT, WA 98030-5409	20-8655418	501(C)(3)	106,695.	0.			OSPI SUMMER, BSK
DJH KIDS AND COMMUNITY CENTER PO BOX 1635 LONG BEACH, WA 98631-1635	87-2255090	501(C)(3)	45,000.	0.			OSPI SUMMER

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations I	and Domestic Go	vernments (Sch	edule I (Form 990), Pai	t II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNGEON BOXING CLUB 528 E EDISON AVE SUNNYSIDE, WA 98944-1417	83-2182642	501(C)(3)	44,000.	0.			OSPI SUMMER
E3 WASHINGTON 1143 MARTIN LUTHER KING JR WAY # 4 SEATTLE, WA 98122-5051	3 91–1537418	501(C)(3)	44,000.	0.			OSPI SUMMER
EAST AFRICAN COMMUNITY SERVICES 7050 32ND AVE S SEATTLE, WA 98118-3502	91-2138852	501(C)(3)	195,445.	0.			OSPI SUMMER, BSK
EDUCATION FOR ALL 9421 18TH AVE SW SEATTLE, WA 98106-2717	47-5159699	501(C)(3)	105,695.	0.			OSPI SUMMER, BSK
EL CENTRO DE LA RAZA 2524 16TH AVE S SEATTLE, WA 98144-5104	91-0899927	501(C)(3)	62,695.	0.			BSK
EMPOWERING STRIDES 13525 LOST LAKE RD SNOHOMISH, WA 98296-7863	47-5182998	501(C)(3)	10,000.	0.			OSPI SUMMER
EMPOWERING YOUTH AND FAMILIES OUTREACH - 8172 RAINIER AVE S - SEATTLE, WA 98118-4447	02-0553368	501(c)(3)	158,698.	0.			OSPI SUMMER, BSK
ERITREAN ASSOCIATION IN GREATER SEATTLE - 1954 S MASSACHUSETTS ST - SEATTLE, WA 98144-3534	91-1703201	501(c)(3)	106,528.	0.			OSPI SUMMER, BSK
EVERETT SCHOOL DISTRICT 3900 BROADWAY EVERETT, WA 98201-5033	91-6001542	GOVERNMENT	63,000.	0.			RSIP

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY LEARNING CENTER 505 S OLYMPIA ST APT B5 KENNEWICK, WA 99336-4870	46-3000858	501(C)(3)	14,000.	0.			ospi summer
FEDERAL WAY SCHOOL DISTRICT 33330 8TH AVE S FEDERAL WAY, WA 98003-6325	91-6001624	GOVERNMENT	166,854.	0.			RSIP, BSK
FEEST 605 SW 108TH ST SEATTLE, WA 98146-2229	46-2268038	501(C)(3)	10,000.	0.			TLOC THRIVING LEADERS GRANT
FILIPINO COMMUNITY OF SEATTLE 5740 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118-2622	91-6055858	501(C)(3)	124,218.	0.			BSK
FIRST BAPTIST COMUNIDAD CRISTIANA 112 N PIERCE AVE YAKIMA, WA 98902-2613	91-0567734	501(C)(3)	32,000.	0.			OSPI SUMMER
FOUNDATION FOR ACADEMIC ENDEAVORS PO BOX 945 MOUNT VERNON, WA 98273-0945	47-4347441	501(C)(3)	44,150.	0.			ANNUAL REPORT SPOTLIGHT STIPEND, OSPI SUMMER
FOUNDATION FOR YOUTH RESILIENCY AND ENGAGEMENT - 23 ASH ST S - OMAK, WA 98841-9762	85-1201630	501(C)(3)	40,450.	0.			AFTERSCHOOL ALLIANCE OUTREACH GRANT COORDINATION STIPEND, OSPI SUMMER
GARDEN-RAISED BOUNTY (AKA GRUB) PO BOX 7821 OLYMPIA, WA 98507-7821	91-1594312	501(C)(3)	22,000.	0.			OSPI SUMMER
GEEKING OUT KIDS OF COLOR 605 SW 108TH ST SEATTLE, WA 98146-2229	83-1597755	501(C)(3)	284,517.	0.			TLOC THRIVING LEADERS

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	ınt
GIRLS INC. OF THE PACIFIC NORTHWEST - 4800 S MACADAM AVE STE 309 - FORTLAND, OR 97239-3927	54-2073930	501(C)(3)	42,000.	0.			OSPI SUMMER	
GIVE ME A CHANCE 1119 ALTHEIMER ST TACOMA, WA 98405-4669	47-2388978	501(C)(3)	21,000.	0.			OSPI SUMMER	
GLACIER PEAK INSTITUTE 1405 EMENS AVE N DARRINGTON, WA 98241-9502	81-2374247	501(C)(3)	26,000.	0.			ospi summer	
GREATER SEATTLE BUREAU OF FEARLESS IDEAS - PO BOX 30764 - SEATTLE, WA 98113-0764	41-2127333	501(C)(3)	18,808.	0.			BSK	
HAND IN HAND 9502 19TH AVE SE STE F EVERETT, WA 98208-3851	01-0962762	501(C)(3)	11,000.	0.			OSPI SUMMER	
HAPPY FEET ACADEMY LLC 1006 S RUBY ST ELLENSBURG, WA 98926-3756	82-4173955	SMLLC	44,000.	0.			OSPI SUMMER	
HEARTSTRIDES THERAPEUTIC HORSEMANSHIP - 3500 85TH LN SW - OLYMPIA, WA 98512-7504	27-3559358	501(C)(3)	15,000.	0.			OSPI SUMMER	
HIGHLINE SCHOOL DISTRICT 15675 AMBAUM BLVD SW BURIEN, WA 98166-2523	91-6001631	GOVERNMENT	92,500.	0.			RSIP	
HIP HOP IS GREEN PO BOX 26742 FEDERAL WAY, WA 98093-3742	83-1742878	501(C)(3)	29,000.	0.			OSPI SUMMER	

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HMONG ASSOCIATION OF WA 4004 NE 4TH ST STE 107-270 RENTON, WA 98056-4102	91-1259521	501(C)(3)	14,000.	0.			OSPI SUMMER
HOPES AND DREAMS FOUNDATION 4020 S BELL ST TACOMA, WA 98418-7819	45-3944532	501(C)(3)	44,000.	0.			OSPI SUMMER
HORN OF AFRICA SERVICES 5303 RAINIER AVE S STE D SEATTLE, WA 98118-2302	91-1897087	501(C)(3)	92,695.	0.			BSK, OSPI SUMMER
ICTC YOUTH DEVELOPMENT PROGRAMS 2900 BOMBING RANGE RD WEST RICHLAND, WA 99353-8400	91-1142383	501(C)(3)	44,000.	0.			OSPI SUMMER
IF YOU COULD SAVE JUST ONE 4420 N CINCINNATI ST SPOKANE, WA 99207-3100	82-4898269	501(C)(3)	44,000.	0.			OSPI SUMMER
IMMIGRANT GUIDE 15907 ASH WAY UNIT D612 LYNNWOOD, WA 98087-5254	83-3303032	501(C)(3)	44,000.	0.			OSPI SUMMER
INDIA ASSOCIATION OF WESTERN WASHINGTON - PO BOX 404 - BELLEVUE, WA 98009-0404	91-1268802	501(C)(3)	22,000.	0.			pspi summer
INTERFAITH HOSPITALITY NETWORK 904 E HARTSON AVE SPOKANE, WA 99202-2338	91-1707988	501(C)(3)	18,401.	0.			OSPI SUMMER
IRAQI COMMUNITY CENTER OF WASHINGTON - 22401 104TH AVE SE STE 102 - KENT, WA 98031-3292	61-1729234	501(C)(3)	147,543.	0.			ospi summer, bsk

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IURBAN TEEN 2100 LAKE WASHINGTON BLVD N APT A1 RENTON, WA 98056-1450) 46-5015461	501(C)(3)	44,000.	0.			OSPI SUMMER
KANDELIA 3829B S EDMUNDS ST # 9 SEATTLE, WA 98118-1729	91-1122532	501(c)(3)	75,125.	0.			TLOC THRIVING LEADERS GRANT, BSK
KENNEWICK SCHOOL DISTRICT 1000 w 4TH AVE KENNEWICK, WA 99336-5533	91-6001557	GOVERNMENT	183,000.	0.			RSIP
KENT SCHOOL DISTRICT 12033 SE 256TH ST KENT, WA 98030-6503	91-6001646	GOVERNMENT	174,444.	0.			RSIP
KENT YOUTH AND FAMILY SERVICES 232 2ND AVE S STE 201 KENT, WA 98032-5862	23-7090029	501(C)(3)	194,938.	0.			BSK
KHMER COMMUNITY OF SEATTLE/KING COUNTY - PO BOX 46284 - SEATTLE, WA 98146-0284	91-1577475	501(C)(3)	15,500.	0.			TLOC THRIVING LEADERS
KIDS AND PAPER 1455 NW LEARY WAY STE 400 SEATTLE, WA 98107-5138	85-3276491	501(C)(3)	62,695.	0.			BSK
KIDS CO - EVERGREEN CHILDREN'S ASSOC 2208 NW MARKET ST STE 510 - SEATTLE, WA 98107-4098	91-1450148	501(C)(3)	38,560.	0.			BSK
KIDSQUEST CHILDREN'S MUSEUM 1116 108TH AVE NE BELLEVUE, WA 98004-4321	91-1828830	501(C)(3)	45,304.	0.			BSK

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITTITAS ENVIRONMENTAL EDUCATION NETW - 414 S WILLOW ST - ELLENSBURG, WA 98926-3565	22-3849021	501(C)(3)	45,000.	0.			ospi summer
KOREAN COMMUNITY SERVICE CENTER 22727 HIGHWAY 99 STE 212 EDMONDS, WA 98026-8381	27-1518314	501(C)(3)	36,000.	0.			OSPI SUMMER
LA CASA HOGAR 106 S 6TH ST YAKIMA, WA 98901-2927	94-3070007	501(C)(3)	43,000.	0.			DSPI SUMMER
LAUNCH 3401 RAINIER AVE S STE A SEATTLE, WA 98144-6954	91-0987650	501(C)(3)	53,117.	0.			HONORARIUM FOR ADVISORY BOARD SERVICE, BSK
LEADERSHIP LAUNCH 2145 CLOVER CT MUKILTEO, WA 98275-2420	47-1707714	501(C)(3)	23,000.	0.			ospi summer
LIFE ENRICHMENT GROUP-EYFO 8172 RAINIER AVE S SEATTLE, WA 98118-4447	02-0553368	501(C)(3)	65,733.	0.			BSK
LIVING WELL KENT 10605 SE 240TH ST # 232 KENT, WA 98031-4903	81-4451307	501(C)(3)	99,138.	0.			BSK
LOWER COLUMBIA SCHOOL GARDENS PO BOX 785 LONGVIEW, WA 98632-7513	46-4549009	501(C)(3)	22,000.	0.			OSPI SUMMER
MADRES DE CASINO RD 14 E CASINO RD STE D EVERETT, WA 98208-2628	91-6053563	501(C)(3)	30,000.	0.			DSPI SUMMER

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYS PLACE DBA MARIS PLACE FOR THE ART - 2321 HOYT AVE - EVERETT, WA 98201-2816	45-3411935	501(C)(3)	22,000.	0.			OSPI SUMMER
MENDING WINGS 1801 MCKINLEY RD TOPPENISH, WA 98948-9587	20-4312928	501(C)(3)	45,650.	0.			TRIBAL LAND ACKNOWLEDGMENT, ANNUAL REPORT SPOTLIGHT STIPEND, OSPI SUMMER
MILLENNIA MINISTRIES 3426 BROADWAY STE 202 EVERETT, WA 98201-5079	20-2276486	501(C)(3)	44,000.	0.			OSPI SUMMER
MIRACLES AND MEMORIES ACADEMY 123 N BLAKELEY ST MONROE, WA 98272-1824	85-2457891	501(C)(3)	45,000.	0.			OSPI SUMMER
MISSION AFRICA 1020 30TH ST NE AUBURN, WA 98002-2451	76-0843150	501(C)(3)	43,000.	0.			OSPI SUMMER
MOUNTAIN VIEW COMMUNITY CENTER 3607 122ND AVE E STE A EDGEWOOD, WA 98372-2416	26-4177066	501(C)(3)	14,000.	0.			OSPI SUMMER
MULTIMEDIA RESOURCES & TRAINING INSTITUTE - 808 FIR ST UNIT 135 MAIL BOX 728 - SEATTLE, WA 98104-5143	27-1028618	501(C)(3)	31,347.	0.			BSK
NEIGHBORHOOD HOUSE INC 1225 S WELLER ST STE 510 SEATTLE, WA 98144-1906	91-0568305	501(C)(3)	232,504.	0.			BSK
NORTHEAST YOUTH CENTER 3004 E QUEEN AVE SPOKANE, WA 99217-6164	71-0886315	501(C)(3)	44,000.	0.			OSPI SUMMER

Schedule I (Form 990) SCHOOL'S OUT W	WASHINGTON						46-0809713	Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	nt
NORTHWEST ALLIANCE FOR COLLEGE ACCESS DBO - 1799 SLEEPY HOLLOW LN - BELLINGHAM, WA 98226-8781	27-2997677	501(C)(3)	15,000.	0.			ospi summer	
NORTHWEST ASSOCIATION FOR BLIND ATHLETES - PO BOX 61489 - VANCOUVER, WA 98666-1489	26-0244283	501(C)(3)	43,000.	0.			OSPI SUMMER	
NORTHWEST LANGUAGE & CULTURAL CENTER - 1804 SCOTT RD STE 104 - FREELAND, WA 98249-9680	90-0394162	501(C)(3)	41,000.	0.			OSPI SUMMER	
NORTHWEST YOUTH CORPS 2621 AUGUSTA ST EUGENE, OR 97403-3219	93-0818160	501(C)(3)	34,826.	0.			ospi summer	
OASIS YOUTH CENTER 3009 S 40TH ST TACOMA, WA 98409-5632	91-1385245	501(C)(3)	14,150.	0.			ANNUAL REPORT SPOTI STIPEND, OSPI SUMMI	
ODYSSEY WORLD INTERNATIONAL EDUCATION SERVICES - 555 WEST 8TH AVENUE STE 306 - VANCOUVER, WA 98660-3093	20-3905057	501(C)(3)	44,000.	0.			ospi summer	
ODYSSEY YOUTH CENTER 1121 S PERRY ST SPOKANE, WA 99202-3524	91-2045932	501(C)(3)	26,000.	0.			OSPI SUMMER	
OIC OF WASHINGTON/HENRY BEAUCHAMP COMMUNI - 815 FRUITVALE BLVD - YAKIMA, WA 98902-1467	91-0873024	501(C)(3)	43,000.	0.			OSPI SUMMER	
OPEN DOORS FOR MULTICULTURAL FAMILIES (V) - 24437 RUSSELL RD STE 110 - KENT, WA 98032-1786	27-1206272	501(C)(3)	182,445.	0.			OSPI SUMMER, BSK	

Schedule I (Form 990) SCHOOL'S OUT I	46-0809713 Page 1						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR SISTERS' HOUSE 798 BROADWAY STE 310 TACOMA, WA 98402-3710	91-1650772	501(c)(3)	14,000.	0.			OSPI SUMMER
PACIFIC NOTHWEST CONFERENCE OF THE UNITED CHURCH OF CHRIST - 12706 4TH AVE S - SEATTLE, WA 98168-2686		501(c)(3)	44,000.	0.			OSPI SUMMER
PARA LOS NINOS DE HIGHLINE (V) 15220 6TH AVE SW BURIEN, WA 98166-2202	20-0502368	501(C)(3)	45,077.	0.			BSK
PERMACULTURE LIFESTYLE INSTITUTE 1322 FAWCETT AVE TACOMA, WA 98402-1905	47-4721649	501(C)(3)	45,000.	0.			OSPI SUMMER
PIZZA KLATCH 312 4TH AVE E OLYMPIA, WA 98501-1107	45-5534793	501(c)(3)	37,000.	0.			OSPI SUMMER
PROJECT GIRL MENTORING PROGRAM 1424 191ST PL SE BOTHELL, WA 98012-6855	46-2731337	501(C)(3)	43,000.	0.			OSPI SUMMER
PROYECTO MOLE - LEADERSHIP FOUNDATIONS - 902 MARKET ST - TACOMA, WA 98402-3609	25-1741353	501(C)(3)	21,000.	0.			OSPI SUMMER
PUGET SOUND VOYAGING SOCIETY DBA COMMUNIT - 42 N WATER ST - PORT HADLOCK, WA 98339-8706	80-0337485	501(C)(3)	17,000.	0.			OSPI SUMMER
REFUGEE CONNECTIONS SPOKANE 35 W MAIN AVE STE 205 SPOKANE, WA 99201-5119	90-0652201	501(C)(3)	14,000.	0.			OSPI SUMMER

Schedule I (Form 990) SCHOOL'S OUT W		nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) Pai		46-0809713 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENTON SCHOOL DISTRICT 300 SW 7TH ST RENTON, WA 98057-2307	91-6001635	GOVERNMENT	94,616.	0.			вѕк
RISE UP ACADEMY 11229 4TH AVE W EVERETT, WA 98204-4928	91-1872298	501(C)(3)	44,150.	0.			ANNUAL REPORT SPOTLIGHT STIPEND, OSPI SUMMER
ROCHESTER ORGANIZATION OF FAMILIES (ROOF) - PO BOX 312 - ROCHESTER, WA 98579-0312	77-0620956	501(C)(3)	22,000.	0.			OSPI SUMMER
ROD'S HOUSE 204 S NACHES AVE YAKIMA, WA 98901-2910	36-4659738	501(C)(3)	44,000.	0.			OSPI SUMMER
RONI LIFEWORKS 12704 8TH AVE SW BURIEN, WA 98146-3214	27-5180670	501(C)(3)	30,000.	0.			OSPI SUMMER
RVC SEATTLE 1225 S WELLER ST, #400 SEATTLE, WA 98144	47-4257834	501(C)(3)	149,695.	0.			BSK, OSPI SUMMER
SALISH SCHOOL OF SPOKANE PO BOX 10271 SPOKANE, WA 99209-1271	27-1126478	501(C)(3)	43,150.	0.			ANNUAL REPORT SPOTLIGHT STIPEND, OSPI SUMMER
SALISH SEA SCIENCES PO BOX 326 FRIDAY HARBOR, WA 98250-0326	82-3307581	501(C)(3)	11,000.	0.			OSPI SUMMER
SEA POTENTIAL 7511 GREENWOOD AVE N # 121 SEATTLE, WA 98103-4627	31-1580932	501(C)(3)	25,000.	0.			OSPI SUMMER

Schedule I (Form 990)

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Schedule I (Form 990) SCHOOL'S OUT I		maetic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) Pa		46-0809713 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE ASIAN SPORTS CLUB PO BOX 3084 SEATTLE, WA 98114-3084	91-1597546	501(C)(3)	31,000.	0.			OSPI SUMMER
SEATTLE HOUSING AUTHORITY 190 QUEEN ANNE AVE N SEATTLE, WA 98109-4968	91-6000977	501(C)(3)	78,831.	0.			BSK
SEATTLE SCHOOL DISTRICT PO BOX 34165 SEATTLE, WA 98124-1165	91-6001541	GOVERNMENT	24,000.	0.			RSIP
SECOND CHANCE OUTREACH 19360 MILLTOWN RD MOUNT VERNON, WA 98273-6566	83-2445419	501(C)(3)	40,000.	0.			OSPI SUMMER
SOMALI HEALTH BOARD 545 ANDOVER PARK W STE 105 TUKWILA, WA 98188-3347	46-5114580	501(C)(3)	60,291.	0.			BSK
SOUND EXPERIENCE (V) 211 SETON RD PORT TOWNSEND, WA 98368-9300	91-6170893	501(C)(3)	16,000.	0.			OSPI SUMMER
SOUTH END STORIES (INTIMAN) PO BOX 19537 SEATTLE, WA 98109-1537	23-7328597	501(C)(3)	58,890.	0.			BSK
SOUTHWEST YOUTH AND FAMILY SERVICES - 4555 DELRIDGE WAY SW - SEATTLE, WA 98106-1379	91-1117862	501(C)(3)	167,364.	0.			BSK
SPOKANE EASTSIDE REUNION ASSOCIATION - 3001 E 5TH AVE - SPOKANE, WA 99202-4183	45-2464484	501(C)(3)	44,000.	0.			pspi summer

Schedule I (Form 990) SCHOOL'S OUT W	ASHINGTON						46-0809713	Page 1
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gr or assistance	ant
SPOKANE SCHOOL DISTRICT #81 200 N BERNARD ST SPOKANE, WA 99201-0206	91-6001582	GOVERNMENT	187,000.	0.			RSIP	
STEM PATHS INNOVATION NETWORK (V) 3407 NE 2ND ST RENTON, WA 98056-4183	47-4188543	501(C)(3)	87,590.	0.			BSK	
STRONGERTOWNS - THE BENJI PROJECT 1239 TAYLOR ST PORT TOWNSEND, WA 98368-5438	81-2518239	501(C)(3)	10,000.	0.			OSPI SUMMER	
STUDENT AND FAMILY SUPPORT PROGRAM PO BOX 18226 SEATTLE, WA 98118-0226	86-3360503	501(C)(3)	110,397.	0.			OSPI SUMMER, BSK	
SUMMER SEARCH 635 ANDOVER PARK W STE 200 BLDG 8 TUKWILA, WA 98188-3350	68-0200138	501(C)(3)	43,000.	0.			ospi summer	
SUPPORTIVE HOUSING ASSOCIATION 5435 S BELL ST TACOMA, WA 98408-7636	94-3220027	501(C)(3)	17,000.	0,			ospi summer	
TACOMA ARTS LIVE 1001 YAKIMA AVE STE 1 TACOMA, WA 98405-4869	91-1106878	501(C)(3)	43,000.	0.			ospi summer	
TACOMA COMMUNITY BOAT BUILDERS INC 1120 E D ST TACOMA, WA 98421-1706	46-1724422	501(C)(3)	44,000.	0.			OSPI SUMMER	
TACOMA UNITED 2523 MARTIN LUTHER KING JR WAY TACOMA, WA 98405-3843	86-3996343	501(C)(3)	31,000.	0.			OSPI SUMMER	

Schedule I (Form 990) SCHOOL'S OUT W							46-0809713 P
Part II Continuation of Grants and Other	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pai	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA URBAN LEAGUE 2550 YAKIMA AVE TACOMA, WA 98405-3800	91-0826302	501(C)(3)	17,000.	0.			OSPI SUMMER
TACOMA URBAN PERFORMING ARTS CENTER - 1301 MARTIN LUTHER KING JR WAY STE B - TACOMA, WA 98405-3929	82-0972418	501(C)(3)	44,000.	0.			OSPI SUMMER
TEAM READ 2445 3RD AVE S SEATTLE, WA 98134-1923	01-0852888	501(C)(3)	19,004.	0.			BSK
TEENAGERS PLUS 1305 S 312TH ST STE 101 FEDERAL WAY, WA 98003-9028	47-4256136	501(C)(3)	44,000.	0.			OSPI SUMMER
THE ARC OF TRI-CITIES 1455 FOWLER ST RICHLAND, WA 99352-4717	91-6056360	501(C)(3)	43,000.	0.			OSPI SUMMER
THE BRIDGE MUSIC PROJECT 2420 12TH AVE SE OLYMPIA, WA 98501-2644	82-1633999	501(C)(3)	21,000.	0.			OSPI SUMMER
THE FIRS BIBLE AND MISSIONARY CONFERENCE - 4605 CABLE ST - BELLINGHAM, WA 98229-2618	91-0609820	501(C)(3)	44,000.	0.			OSPI SUMMER
THE HAWK FOUNDATION FOR RESEARCH $\&$ EDUCATION IN AFRICAN CULTURE - 816 ADAMS ST SE - OLYMPIA, WA 98501-1465	83-2157920	501(C)(3)	44,000.	0.			OSPI SUMMER
THE ISAAC FOUNDATION 6607 E BROADWAY AVE STE B SPOKANE VALLEY, WA 99212-1120	39-2061069	501(C)(3)	41,000.	0.			OSPI SUMMER

Schedule I (Form 990) SCHOOL'S OUT W	WASHINGTON						46-0809713 F	Page 1
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THE RED BARN ASSOCIATION PO BOX 1032 VAUGHN, WA 98394-1032	46-1318527	501(C)(3)	10,000.	0.			OSPI SUMMER	
THE SILENT TASK FORCE 5316 24TH AVE S SEATTLE, WA 98108-3035	82-3015372	501(c)(3)	23,197.	0.			BSK	
THE SUSTAINABLE LIVING CENTER 500 N TAUSICK WAY WALLA WALLA, WA 99362-9270	04-3690725	501(C)(3)	26,000.	0.			ospi summer	
TIETON ARTS & HUMANITIES PO BOX 171 TIETON, WA 98947-0171	26-0587575	501(C)(3)	22,000.	0.			OSPI SUMMER	
TRANSITIONS 3128 N HEMLOCK ST SPOKANE, WA 99205-2500	91-1307272	501(c)(3)	17,000.	0.			OSPI SUMMER	
TUKWILA SCHOOL DISTRICT 4640 S 144TH ST TUKWILA, WA 98168-4134	91-6001638	GOVERNMENT	146,000.	0.			RSIP	
TURNING POINTE SURVIVOR ADVOCACY CENTER - 210 PACIFIC CT - SHELTON, WA 98584-3815	91-2024833	501(C)(3)	14,000.	0.			OSPI SUMMER	
UNITED INDIANS OF ALL TRIBES FOUNDATION - PO BOX 99100 - SEATTLE, WA 98139-0100	91-0889016	501(C)(3)	24,160.	0.			OSPI SUMMER	
UNITED YOUTH MOVEMENT 800 MAC LN SE OLYMPIA, WA 98513-7742	83-4712948	501(C)(3)	26,000.	0.			pspi summer	

Schedule I (Form 990) SCHOOL'S OUT WASHINGTON Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						46-0809713 Page	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNKITAWA 23103 MARINE VIEW DR S DES MOINES, WA 98198-7345	83-2398323	501(C)(3)	44,000.	0.			ospi summer
URBAN FAMILY CENTER ASSOCIATION PO BOX 88064 SEATTLE, WA 98138-2064	27-3962439	501(C)(3)	90,924.	0.			BSK
URBAN IMPACT 7728 RAINIER AVE S SEATTLE, WA 98118-4139	91-1368333	501(C)(3)	37,628.	0.			BSK
URBAN LEAGUE OF METROPOLITAN SEATTLE - 105 14TH AVE STE 200 - SEATTLE, WA 98122-7308	91-0575954	501(C)(3)	43,000.	0.			ospi summer
VAMOS OUTDOORS PROJECT 4120 MERIDIAN ST STE 160 BELLINGHAM, WA 98226-6499	82-5321659	501(C)(3)	44,000.	0.			ospi summer
VANCOUVER BLITE OUTREACH 3605 NE 59TH ST VANCOUVER, WA 98661-1731	46-5056717	501(C)(3)	22,000.	0.			ospi summer
WALK AWAY CITY COLLAB - PASSIAN CENTER - 330 SW 43RD ST STE K # 232 - RENTON, WA 98057-4944	47-1159783	508(C)(1)(A)	70,000.	0.			BSK
WASAT COMMUNITY 5623 RAINIER AVE S SEATTLE, WA 98118-2442	46-4322594	501(C)(3)	60,839.	0.			BSK
WASHINGTON WEST AFRICAN CENTER 3909 164TH ST SW STE 201 LYNNWOOD, WA 98087-6905	81-5319066	501(C)(3)	62,381.	0.			BSK

Schedule I (Form 990) SCHOOL'S OUT WASHINGTON Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						46-0809713 Page 1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WENAS MAMMOTH FOUNDATION 2741 S WENAS RD SELAH, WA 98942-9159	46-1964003	501(c)(3)	10,000.	0.			OSPI SUMMER
WENATCHEE RIVER INSTITUTE PO BOX 2073 LEAVENWORTH, WA 98826-2073	20-5611326	501(c)(3)	17,000.	0.			OSPI SUMMER
WHEELLAB 16024 SE 142ND PL RENTON, WA 98059-7518	81-1327152	501(C)(3)	20,598.	0.			BSK
YAKIMA AREA ARBORETUM 1401 ARBORETUM DR YAKIMA, WA 98901-8513	91-6073776	501(C)(3)	31,000.	0.			OSPI SUMMER
YAKIMA COVENANT CHURCH 6015 SUMMITVIEW AVE YAKIMA, WA 98908-3046	91-0688021	501(C)(3)	44,000.	0.			OSPI SUMMER
YCMI FOUNDATION FOR GIRLS 1611 E 62ND ST TACOMA, WA 98404-4310	46-3364822	501(C)(3)	44,000.	0.			OSPI SUMMER
YMCA OF GREATER SEATTLE 909 4TH AVE SEATTLE, WA 98104-1108	91-0482710	501(C)(3)	67,933.	0.			BSK
YOUNG WOMEN EMPOWERED 1143 MARTIN LUTHER KING JR. WAY #1 SEATTLE, WA 98122-5051	3 47-2230647	501(c)(3)	18,500.	0.			TLOC THRIVING LEADERS
YOUTH TUTORING PROGRAM 100 23RD AVE S SEATTLE, WA 98144-2302	91-1585652	501(C)(3)	12,918.	0.			BSK

Schedule I (Form 990) SCHOOL'S OUT WASHINGTON 46-0809713 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							46-0809713 Pa	age 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
YWCA OLYMPIA 220 UNION AVE SE OLYMPIA, WA 98501-1322	91-0568718	501(C)(3)	15,000.	0.			OSPI SUMMER	
YWCA - WALLA WALLA 213 S FIRST AVE WALLA WALLA, WA 99362-3012	91-0613315	501(C)(3)	10,000.	0.			OSPI SUMMER	
	<u> </u>		<u> </u>	<u> </u>		<u> </u>	01.11.1/5	

Schedule I (Form 990) 2022 SCHOOL'S OUT WASHINGT					46-0809713 P
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 noncash assistant
Part IV Supplemental Information. Provide the information re	quired in Part I, Iir	le 2; Part III, columr	n (b); and any other ac	lditional information.	ı
PART I, LINE 2:					
STAFF MONITOR GRANT COMPLIANCE BASED ON DELIVERABLE	ES SET BY FUN	IDING			
SOURCES. SITE VISITS, FISCAL AND NARRATIVE REPORTS	ARE REQUIRE) TO ENSURE			
THAT OUTCOMES ARE MET AND FUNDS ARE SPENT ACCORDIN	IG TO GRANT RE	QUIREMENTS.			
PART II DESCRIPTION OF PROGRAM GRANTS					
BSK - BEST STARTS FOR KIDS					
FYB - FEED YOUR BRAIN					
HELO - HOUSING EDUCATION PROJECT					

232102 10-31-22

SCHEDULE 0 (Form 990)

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SCHOOL'S OUT WASHINGTON

Employer identification number 46-0809713

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HAVE SAFE PLACES TO LEARN AND GROW WHEN NOT IN SCHOOL. SOWA IS
DEDICATED TO BUILDING COMMUNITY SYSTEMS TO SUPPORT QUALITY AFTERSCHOOL,
YOUTH DEVELOPMENT AND SUMMER PROGRAMS FOR WASHINGTON'S CHILDREN AND
YOUTH AGES 5 THROUGH YOUNG ADULTHOOD.
FORM 990, PART I, LINE 6:
IN 2022, 12 VOLUNTEERS SERVED ON THE BOARD OF DIRECTORS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMS FOR WASHINGTON'S CHILLDREN AND YOUTH AGES 5 THROUGH YOUNG
ADULTHOOD.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
YOUTH DEVELOPMENT EXECUTIVES OF KING COUNTY (YDEKC) IS A COALITION OF
YOUTH-SERVING ORGANIZATIONS WORKING TOGETHER TO IMPROVE OUTCOMES FOR
YOUNG PEOPLE IN OUR REGION. WE ARE BUILDING THE YOUTH DEVELOPMENT FIELD
IN KING COUNTY TO PROVIDE THESE OPPORTUNITIES AND PROMOTE EQUITY. WE DO
THIS THROUGH ADVOCACY, COLLABORATION, AND LEADERSHIP DEVELOPMENT.
EXPENSES \$ 508,799. INCLUDING GRANTS OF \$ 103,455. REVENUE \$ 55,399.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE REVIEWS THE FORM 990 BEFORE IT IS FILED AND MAKES IT
AVAILABLE FOR THE FULL BOARD AFTER IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990) 2022 Page 2 Name of the organization Employer identification number SCHOOL'S OUT WASHINGTON 46-0809713 BOARD MEMBERS SIGN A CONFLICT OF INTEREST FORM UPON JOINING THE BOARD AND ANNUALLY THEREAFTER. THE BOARD OF DIRECTORS REVIEW POTENTIAL CONFLICTS AND TAKE APPROPRIATE ACTIONS DEPENDING ON THE NATURE OF CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: IN 2022, SOWA CONTRACTED WITH AN EXTERNAL CONSULTING FIRM WHO USED NUMEROUS WAGE AND BENEFIT SURVEYS TO BENCHMARK SALARIES FOR EACH POSITION IN THE ORGANIZATION. ADDITIONALLY, THE BOARD APPROVES A BUDGET EACH YEAR FOR TOTAL SALARY INCREASES. RAISES WERE AWARDED TO STAFF IN SEPTEMBER 2022 BASED ON THESE BENCHMARKS, EMPLOYEES' TENURE AND JOB PERFORMANCE, THE BUDGETED SALARY INCREMENTS, AND OUR FINANCIAL POSITION AT THAT TIME. IN 2022, THE SALARY INCREMENTS FOR ALL STAFF AVERAGED 7.1%. FORM 990, PART VI, SECTION C, LINE 19: THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE PUBLIC.