Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

AF	or the	2023 calendar year, or tax year beginning	and	ending	US SOLL SECTION	
B C	heck if oplicable:	C Name of organization			D Employer iden	tification number
	Address	SCHOOL'S OUT WASHINGTON				
	Name	Doing business as			46-08097	13
	Initial	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone num	
	Final	625 ANDOVER PARK WEST, SUITE 101	iivered to street address)	Hoomysuite	206-323-23	
	Ireturn/ termin- ated	City or town, state or province, country, and	71D on familian washel and		G Gross receipts \$	11,963,570.
	Amende	TUKWILA WA 98188	ZIP or foreign postal code		H(a) Is this a group	
	Applica-	F Name and address of principal officer: ELIZ.	ARETH WHITEOPD		H(a) is this a group	es? Yes X No
_	pending	SAME AS C ABOVE	DIII WIIII OND		H(b) Are all subordinate	
LT	ax-exer	npt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527		a list. See instructions
	Vebsite		(insert no.) 4947(a)(1)	01 321	H(c) Group exempt	
			ssociation Other	I Voor		M State of legal domicile; WA
		Summary	Other Other	IL Teal	or formation, 2022	W State of legal definitions.
	1 B	riefly describe the organization's mission or most	significant activities: SCHOOL	'S OUT WA	SHINGTON DRIVES	
92		OSITIVE SYSTEMIC CHANGE SO THAT ALL				
Governance			ntinued its operations or dispos		than 25% of its net a	ssets
ver	3 N	lumber of voting members of the governing body	(D-11/1 / 1)			6
		lumber of independent voting members of the go				-
න් ආ	5 T	otal number of individuals employed in calendar y	rear 2023 (Part V. line 2a)	***************************************	5	
iţį	6 T	otal number of volunteers (estimate if necessary)			6	
Activities &	7a T	otal unrelated business revenue from Part VIII, co	lumn (C), line 12	*****************	7:	
_ <		let unrelated business taxable income from Form				0.
	-500				Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)			14,198,772	. 11,391,891.
Revenue					549,452	544,986.
ě	10 1	nvestment income (Part VIII, column (A), lines 3, 4	and 7d)		9,843	13,400.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		8,232	13,293.
_		otal revenue - add lines 8 through 11 (must equal			14,766,299	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,775,334	
		Benefits paid to or for members (Part IX, column (A		0.		
68	15 5	Salaries, other compensation, employee benefits (3,149,352,	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), I	ne 11e)		8,468.	14,081.
Š	ь 1	otal fundraising expenses (Part IX, column (D), lin			1 740 460	1 7/2 2/2
	'' \	Other expenses (Part IX, column (A), lines 11a-11d			1,742,460.	
	18	otal expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)		15,675,614. -909,315.	
- 2		Revenue less expenses. Subtract line 18 from line	12		inning of Current Year	-670,536. End of Year
ts or	1	otal assets (Part X, line 16)		_	2,784,973.	
Assets Raland	1	- 4 - 1 - 1			494,696.	2,492,975.
Net/	1	Net assets or fund balances. Subtract line 21 from	line 20		2,290,277.	
		Signature Block	III CC	*******		-,,
		ies of perjury, I declare that I have examined this return,	including accompanying schedules	and statemer	its, and to the best of m	v knowledge and belief, it is
		and complete. Declaration of preparer (other than office				
		and ho			7/2	6/2024
Sign	, [Signature of officer			Date	
Her		LIZABETH WHITFORD, CEO				
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		ate Check	PTIN
Paid		ELIA DAVIS	CELIA DAVIS	07	/12/24 self-emplo	
Prep		Firm's name CLARK NUBER PS			Firm's EIN	91-1194016
Use	Only	Firm's address 10900 NE 4TH ST STE 1400			10	
_		BELLEVUE, WA 98004			Phone no.425	5-454-4919
		discuss this return with the preparer shown about				X Yes No
IHA	Ear D	anerwork Reduction Act Notice, see the senar	ate instructions 332001 12	21 22		Form 990 (2023)

	Observice Cabarda O contains a management of the part III	Х
_	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u> _
1	Briefly describe the organization's mission:	
	SCHOOL'S OUT WASHINGTON (SOWA) DRIVES POSITIVE SYSTEMIC CHANGE SO THAT	
	ALL WASHINGTON'S CHILDREN AND YOUTH, PARTICULARLY THOSE FURTHEST FROM	
	JUSTICE, HAVE ACCESS TO A ROBUST ECOSYSTEM OF HIGH-QUALITY EXPANDED	
	LEARNING PROGRAMS.	
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?	X Yes No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(d) organization for the section for the section 501(c)(d) organization for the section 501(c)(d) organization for the section for the	oenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 8,728,887. including grants of \$ 7,746,987.) (Revenue \$	0.
	THROUGH OUR GRANT MAKING PROGRAM, WE DRIVE RESOURCES TO CULTURALLY	
	RESPONSIVE PROGRAMS IN UNDERSERVED COMMUNITIES BY MAKING GRANTS THAT	
	BREAK DOWN FUNDING BARRIERS, SEED AND EXPAND PROGRAMS, AND STRENGTHEN	
	OPPORTUNITIES FOR COMMUNITIES TO LEAD. CURRENTLY, WE PROVIDE GRANTS TO	
	SUPPORT REFUGEE YOUTH WITH OUR REFUGEE SCHOOL IMPACT PROGRAM AND TO	
	SUMMER AND AFTER SCHOOL PROGRAMS IN KING COUNTY THROUGH THE BEST STARTS	
	FOR KIDS EXPANDED LEARNING INITIATIVE.	
	•	
41:	(Code:) (Expenses \$ 2,307,898. including grants of \$ 500.) (Revenue \$	536 312
4b		330,312.
	SCHOOL'S OUT WASHINGTON'S PROFESSIONAL DEVELOPMENT AND PROGRAM QUALITY	
	SUPPORTS CONTRIBUTE TO A THRIVING EXPANDED LEARNING WORKFORCE, A	
	CORNERSTONE FOR SUSTAINABLE PROGRAMS AND POSITIVE YOUTH OUTCOMES. OUR	
	WIDE RANGE OF TRAINING AND COACHING SUPPORTS HELP PROVIDERS DEFINE WHAT	
	QUALITY LOOKS LIKE, UNDERSTAND WHERE THEY'RE AT TODAY, AND PURSUE	
	CONTINUOUS IMPROVEMENTS THAT MAKE THEIR PROGRAMS MORE EFFECTIVE AND	
	JOYFUL.	
4c	(Code:) (Expenses \$ 552,576. including grants of \$ 8,878.) (Revenue \$	0.
	FOR OVER 30 YEARS, SOWA HAS BEEN SUPPORTING AN EQUITABLE ECOSYSTEM OF	
	EXPANDED LEARNING PROGRAMS FOR WASHINGTON'S YOUTH BY HELPING	
	AFTER-SCHOOL, SUMMER, AND CHILD CARE PROGRAMS BECOME MORE ROBUST AND	
	ACCESSIBLE. IN ADDITION TO OUR GRANT MAKING AND PROFESSIONAL LEARNING	
	PROGRAMS, SOWA ADVOCATES FOR THE YOUTH DEVELOPMENT SECTOR, CONVENES	
	COMMUNITY ADVOCATES AND SYSTEM LEADERS TO ADVANCE COLLECTIVE IMPACT,	
	AND SHOWCASES THE DATA AND STORIES FROM YOUTH PROGRAM PROVIDERS,	
	HIGHLIGHTING THE STRENGTHS AND NEEDS OF WASHINGTON'S EXPANDED LEARNING	
	PROGRAMS AND YOUNG PEOPLE, AGES 5 TO 24. OUR EFFORTS BENEFIT	
	COMMUNITIES THROUGHOUT THE STATE BY PRIORITIZING YOUTH MOST IMPACTED BY	
	SYSTEMIC INEQUITY.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 292,198. including grants of \$ 432.) (Revenue \$ 8,674	•)
4e	Total program service expenses 11,881,559.	

Form 990 (2023) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	77	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		_ A
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,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
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	
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
14a	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			
	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,			
	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			
	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,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	1

Part IV Checklist of Required Schedules (continued	red Schedules (continued)	Checklist of Red	Part IV
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			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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
00	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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	27		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			
	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	000	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· u	Check if Schoolule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Part V		V	N _C
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ia b	Elle the hamber reported in box of them root. Eller of infect applicable			
C	Enter the number of Forms wize included of time 1a. Enter 10-11 not applicable			
U	(gambling) winnings to prize winners?	1c		
	O 0/ 0 F			

Form 990 (2023)

SCHOOL'S OUT WASHINGTON

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

			Yes	No
2 a	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	.,,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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	4.		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCFN Form 114. Beneat of Foreign Bank and Financial Associate (FBAR)			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	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	30		
oa	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
~	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
	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?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
b	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 Output VIII line 10 for public use of old to facilities 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	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.			
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.			
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.			

Form 990 (2023) SCHOOL'S OUT WASHINGTON 46-0809713 Page
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.

						X
Sec	tion A. Governing Body and Management					
		1 1	ا ـ		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6			
	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		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any	other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct sup	pervision			
	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			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a	ppoint 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, s	stockholders	s, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the foll	owing:			
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 rea	ached at the	e			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Coc	le.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, aff	iliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before fili	ng the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts	?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," descr	ibe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by indepe	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	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 arrange	ment with a	l			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization'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 NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (s	ection 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,	.,,,	• •		
	X Own website Another's website X Upon request Other (explain	n on Sched	ule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			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 bo	oks and red	cords			
	ELIZABETH WHITFORD - 206-323-2396					
	625 ANDOVED DARK WEST STITTE 101 THEKUT.A WA 98188					

Form 990 (2023) SCHOOL'S OUT WASHINGTON 46-0809713 Page **7**

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-NEC) 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)	l	mza		<u> </u>	рсп	out	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson is	s both	an	compensation	compensation	amount of
	week (list any					17 (1 (13)	,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	Institutional trustee		Key employee	om pe		1099-NEC)		and related
	below	ividua	titutio	Officer	emp/	hest o	Former			organizations
	line)	lnd	lns	0#i	Ke	Hig	For			
(1) ELIZABETH WHITFORD	40.00							442.000		10.605
CEO	40.00			Х				143,078.	0.	12,605.
(2) ELIZABETH DIRECTOR	40.00			3,7				117 166		11 (16
OIRECTOR OF FINANCE & ADMINISTRATION (3) PANG CHANG	40.00			Х				117,166.	0.	11,616.
PROGRAM DIRECTOR	40.00					x		111 126	0.	11 057
(4) OMANA IMANI	40.00					^		111,136.	0.	11,057.
PROGRAM DIRECTOR	40.00					x		104,384.	0.	10,841.
(5) KA'OHE WONG	40.00							101,301.	· ·	10,041.
PROGRAM QUALITY DIVISION DIRECTOR	10.00					x		104,014.	0.	10,857.
(6) FAHREN JOHNSON	40.00					_				
STRATEGY & PARTNERSHIPS DIRECTOR		-				x		100,938.	0.	185.
(7) SCOTT CALDWELL	4.00							, .		
PRESIDENT		Х		х				0.	0.	0.
(8) AMBER ORTIZ-DIAZ	2.00									
VICE-PRESIDENT FROM 02/23		Х		х				0.	0.	0.
(9) CEIL ERICKSON	2.00									
VICE-PRESIDENT THRU 02/23		Х		Х				0.	0.	0.
(10) ROWENA PINEDA	2.00									
SECRETARY FROM 02/23		Х		Х				0.	0.	0.
(11) MAURICIO MOJANO	2.00									
SECRETARY THRU 02/23		Х		Х				0.	0.	0.
(12) NICOLE YOHALEM	2.00									
TREASURER FROM 02/23		Х		Х				0.	0.	0.
(13) DAISY CATAGUE	2.00									
TREASURER THRU 02/23		Х		Х				0.	0.	0.
(14) LUIS GOMEZ	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) JODY ROSENTSWIEG	2.00									_
BOARD MEMBER	2 22	Х						0.	0.	0.
(16) MUSTAFA BULALE	2.00									^
BOARD MEMBER THRU 09/23		Х	\vdash		_			0.	0.	0.
								1		000

332007 12-21-23 Form **990** (2023)

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hiç	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			E	stimate	ed
		hours per	box	, unle	ss per	rson i	s both	n an	compensation compensati			ar	nount	
		week (list any		T			1	,	from the	from related		000	other	
		hours for	direct				_			organization (W-2/1099-MIS		l	npensa rom th	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		l .	janizat	
		organizations	trust	nal tru		oyee	om pe		1099-NEC)	,		ı `	, d relat	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				org	anizati	ions
		line)	ip II	lust	ij,	Key	e Eig	윤						
1h	Subtotal	1				<u> </u>			680,716.		0.		57.	161.
C	Total from continuation sheets to Part VI	I. Section A						•	0.		0.			0.
	Total (add lines 1b and 1c)								680,716.		0.	57,161.		161.
2	Total number of individuals (including but n								eceived more than \$100,	000 of reportable	•			
	compensation from the organization												•	6
													Yes	No
3	Did the organization list any former officer,	•	,	,	•	,	1	·		•				
_	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su												Х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	Λ	
3	rendered to the organization? If "Yes," com	•				•			sa organization or individ	idal loi selvices		5		х
Sec	tion B. Independent Contractors	ipiete Scrieduit	<i>3 J 1</i>	UI SL	<i>ICIT</i>	Jers	OII .							
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensa	tion fr	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0	C)	
	Name and business	address	NO	NE					Description of s	ervices		compe	nsatio	n
								\dashv						
								\dashv						
2	Total number of independent contractors (in	ncluding but n	ot lir	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				(0							

Form 990 (2023) SCHOOL'S OF Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a	respons	se or note to	any lin	e in this Part VIII			
									(A)	(B)	(C)	(D)
									Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
										Tarrottori Tovorido	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b						
Ĕ,		С	Fundraising events			1c						
ar iji		d	Related organizations			1d						
s, (mil		е	Government grants (contri	ibutio	ons)	1e	11,042,	844.				
r Si		f	All other contributions, gifts,	grant	ts, and							
the the			similar amounts not included	abov	/e	1f	349,	047.				
		g	Noncash contributions included in	lines 1	la-1f	1g \$						
ರ್ಣಿ		h	Total. Add lines 1a-1f						11,391,891.			
							Business	Code				
9	2	а	CONFERENCE FEES				611710		244,815.	244,815.		
Program Service Revenue		b	WORKSHOPS & TRAININ				611710		193,242.	193,242.		
Sugar		С	OTHER PROGRAM REVEN	UE			611710)	106,929.	106,929.		
ran ev		d										
Б		е										
<u>-</u>		f	All other program service	rever	nue							
		g	Total. Add lines 2a-2f						544,986.			
	3		Investment income (include	ling o	divide	nds, inte	erest, and					
									13,175.			13,175.
	4		Income from investment of	f tax	-exem	pt bond	proceeds					
	5		Royalties									
					<u> </u>) Real	(ii) Pers	onal				
	6	а	Gross rents	6a								
			Less: rental expenses	6b								
			Rental income or (loss)	6с								
			Net rental income or (loss)				(:) 011					
	7	а	Gross amount from sales of		(i) S	ecurities	s (ii) Oth					
			assets other than inventory	7a	_			225.				
		b	Less: cost or other basis					•				
ther Revenue			and sales expenses	7b				0.				
eve			Gain or (loss)	7с				225.	225			225
Ä			Net gain or (loss)						225.			225.
the l	8	а	Gross income from fundraisin	-								
0			including \$			- ^{of}						
			contributions reported on		•							
		L	Part IV, line 18				Ba Bb					
					raiein	·····						
	٥		Net income or (loss) from Gross income from gamin				·					
	9	a	Part IV, line 19				Эа					
		h				٠ ا .	9b					
			Net income or (loss) from				, D					
	10		Gross sales of inventory, I									
		u	and allowances				0a					
		h	Less: cost of goods sold				0b					
			Net income or (loss) from									
			The state of the s		111	. J	Business	Code				
snc	11	а	EXHIBITOR FEE				900099		6,200.			6,200.
nec	•		FSA REIMBURSEMENT				900099)	4,093.			4,093.
Miscellaneous Revenue			REFUNDS & REWARDS				900099)	3,000.			3,000.
isc Re		_	All alla accompany				-		•			
Σ			Total. Add lines 11a-11d				-		13,293.			
	12		Total revenue. See instruction						11,963,570.	544,986.	0.	26,693.

 $46\!-\!0809713$

Part IX | Statement of Functional Expenses

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

Do not	Check if Schedule O contains a respons include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations				
an	nd domestic governments. See Part IV, line 21	7,756,797.	7,756,797.		
	rants and other assistance to domestic				
ine	dividuals. See Part IV, line 22				
3 Gı	rants and other assistance to foreign				
or	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees	284,464.	63,830.	205,066.	15,568
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
-	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages	2,413,140.	2,216,189.	121,192.	75,759
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	33,343.	29,352.	3,108.	883
	ther employee benefits	183,205.	165,329.	12,692.	5,184
	ayroll taxes	235,133.	200,306.	27,007.	7,820
11 Fe	ees for services (nonemployees):				
a M	anagement				
b Le	egal	1,150.		1,150.	
	ccounting	79,381.		79,381.	
d Lo	obbying	32,750.	32,750.		
	ofessional fundraising services. See Part IV, line 17	14,081.			14,081
f In	vestment management fees				
g Of	ther. (If line 11g amount exceeds 10% of line 25,				
CO	olumn (A), amount, list line 11g expenses on Sch O.)	498,174.	483,760.		14,414
12 Ad	dvertising and promotion				
13 Of	ffice expenses	5,627.	5,143.	95.	389
14 In:	formation technology	80,197.	61,967.	9,114.	9,116
15 Ro	oyalties				
16 O	ccupancy	207,613.	186,611.	16,352.	4,650
17 Tr	avel	53,221.	52,670.	465.	86
18 Pa	ayments of travel or entertainment expenses				
fo	r any federal, state, or local public officials				
19 Co	onferences, conventions, and meetings	5,625.	5,625.		
	terest				
21 Pa	ayments to affiliates				
22 De	epreciation, depletion, and amortization	30,181.	26,296.	2,995.	890
	surance	37,768.	33,628.	3,242.	898
ab	ther expenses. Itemize expenses not covered pove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A),				
an	nount, list line 24e expenses on Schedule 0.)				
~ —	JPPLIES	201,746.	195,744.	4,921.	1,081
~ —	ON-SUBRECIPIENT AWARDS	108,642.	106,742.	1,450.	450
	QUIPMENT RENTALS	60,462.	58,796.	1,291.	375
d Bt	JSINESS TAXES	39,612.	38,777.	835.	
	I other expenses	271,794.	161,247.	90,131.	20,416
	otal functional expenses. Add lines 1 through 24e	12,634,106.	11,881,559.	580,487.	172,060
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	lucational campaign and fundraising solicitation.				
Ch	neck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X Balance Sheet

. a	IL A	Check if Schedule O contains a response or	note to an	v line in this Part X			
		oneon il concaule o containe a responde or	noto to an	y mile in the rate X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			236,525.	1	1,867.
	2	Savings and temporary cash investments			1,759,850.	2	1,688,975.
	3	Pledges and grants receivable, net			631,976.	3	1,463,381.
	4	Accounts receivable, net			45,808.	4	54,250.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantial c	contributor, or 35%			
		controlled entity or family member of any of	these pers	ons		5	
	6	Loans and other receivables from other disqu	ualified per	rsons (as defined			
v		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B) L		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,739.	8	3,064.
Ä	9	Prepaid expenses and deferred charges			61,503.	9	45,793.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	228,953.			
	b	Less: accumulated depreciation	10b	62,097.	6,169.	10c	166,856.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	40,403.	15	717,483.		
	16	Total assets. Add lines 1 through 15 (must e	2,784,973.	16	4,141,669.		
	17	Accounts payable and accrued expenses			339,333.	17	1,212,783.
	18	Grants payable		18			
	19	Deferred revenue		114,936.	19	372,296.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or f	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantial c	contributor, or 35%			
iabi		controlled entity or family member of any of	these pers	ons		22	
_	23	Secured mortgages and notes payable to un	related thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third p	parties		24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li	ines 17-24)	. Complete Part X			
		of Schedule D			40,427.	25	907,896.
	26				494,696.	26	2,492,975.
"		Organizations that follow FASB ASC 958,	check her	e X			
Š		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,548,380.	27	1,578,691.
Ba	28	Net assets with donor restrictions		741,897.	28	70,003.	
ů		Organizations that do not follow FASB AS	C 958, che	eck here			
F.		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fur				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, o				30	
ţΫ	31	Retained earnings, endowment, accumulated			0 222 2==	31	4 444 451
Se	32	Total net assets or fund balances		<u> </u>	2,290,277.	32	1,648,694.
	33	Total liabilities and net assets/fund balances			2,784,973.	33	4,141,669.

Form **990** (2023)

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	,963,	570.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	,634,	106.
3					536.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,290,	277.
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		28,	953.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	648,	694.
Pa	rt XII 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?		2b	X	
	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
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?		3a	X	
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	l

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** SCHOOL'S OUT WASHINGTON 46-0809713 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type II, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,853,850.	17,925,256.	14,574,931.	14,198,772.	11,391,891.	65,944,700.
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	7,853,850.	17,925,256.	14,574,931.	14,198,772.	11,391,891.	65,944,700.
	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)						1,577,764.
6	Public support. Subtract line 5 from line 4.						64,366,936.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	7,853,850.	17,925,256.	14,574,931.	14,198,772.	11,391,891.	65,944,700.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,574.	11,553.	8,279.	7,318.	13,175.	54,899.
9	Net income from unrelated business	,	, -	, -	, -	, -	
•	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.	13,293.	21,525.
11	Total support. Add lines 7 through 10				0,202.	10,250.	66,021,124.
	Gross receipts from related activities,	oto (soo instructio	ne)			12	2,024,222.
	First 5 years. If the Form 990 is for the	•		ourth or fifth tax w	war as a saction 50		
13	organization, check this box and stor			•			
Sec	etion C. Computation of Publi		_				
	Public support percentage for 2023 (li			olumn (f))		14	97.49 %
	Public support percentage from 2022					15	96.16 %
	33 1/3% support test - 2023. If the o					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar		

Schedule A (Form 990) 2023 SCHOOL'S OUT WASHINGTON 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.)

(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(4) = 0 : 0	(3) 2323	(6) 252 :	(4,) = 3 = 2	(0) = 0 = 0	(1) 1010.
e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
<u></u>	<u></u>	·····	<u></u>		
Support Per	centage				
ne 8, column (f), d	livided by line 13, o	column (f))		15	
Schedule A, Part	III, line 15			16	
23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	
2022 Schedule A,	Part III, line 17			18	
organization did r				33 1/3%, and line 1	7 is not
organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	(a) 2019 (a) 2019 (a) 2019 (b) Comport Perme 8, column (f), do Schedule A, Part trment Income 23 (line 10c, column 22 Schedule A, organization did red stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here.	(a) 2019 (b) 2020 (a) 2019 (b) 2020 (b) 2020 (c) Support Percentage (c) Support Percentage (c) Schedule A, Part III, line 15 (c) Iment Income Percentage (c) Golumn (f), divided by line 13, companization did not check the box of the stop here. The organization quality organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and	e organization's first, second, third, fourth, or fifth tax e Support Percentage ne 8, column (f), divided by line 13, column (f)) Schedule A, Part III, line 15 Iment Income Percentage 23 (line 10c, column (f), divided by line 13, column (f)) 1022 Schedule A, Part III, line 17 organization did not check the box on line 14, and line d stop here. The organization qualifies as a publicly sorganization did not check a box on line 14 or line 19a ck this box and stop here. The organization qualifies as	e organization's first, second, third, fourth, or fifth tax year as a section of the second of the s	(a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 e organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization Support Percentage 15 (Schedule A, Part III, line 15 (16) (16) (16) (16) (16) (16) (16) (16)

Schedule A (Form 990) 2023 SCHOO 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **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).
- **b 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).
- 8 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		
3b		
3c		
10		
4a		
4b		
4c		
5a		
5b		
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Par	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			
		I1a		
b		l1b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·		I1c		
Sec	tion B. Type I Supporting Organizations		'	
			Yes	No
1	Did the governing heady members of the governing heady efficers acting in their efficial conscity or membership of any ar		163	140
'	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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	4		
0	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion of Type in Supporting Organizations		· ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion B. All Type in Supporting Organizations		· ·	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	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? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
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. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ictions	´ I	Na.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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	0-		
L	The troop detribes conditions and the conditions	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	2h		
2		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the experization base the power to regularly experience a legal to majority of the efficiency directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	The second details in	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations? If "yes," describe in Fait VI the role diaved by the organization in this regard.	JU		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
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	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion 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):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
	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	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see	
	instructions).	. •		•	

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continue	ed)			
Secti	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe		1				
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	S	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 2023 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-2023	\$	Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
a	From 2018						
b	From 2019						
<u> </u>	From 2020						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2023 distributable amount						
i_	Carryover from 2018 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2023 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
<u>d</u>	Excess from 2022						
6	Evenes from 2023						

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 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, Sectior V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
REFUNDS & REWARDS		
2022 AMOUNT: \$ 1,582.		
2023 AMOUNT: \$ 3,000.		
EXHIBITOR FEES		
2022 AMOUNT: \$ 6,650.		
2023 AMOUNT: \$ 6,200.		
	_	
FSA REIMBURSEMENT		
2023 AMOUNT: \$ 4,093.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

	SCHOOL'S OUT WASHINGTON	46-0809713
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a) contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6 to (b) instead of the contributor name and address), II, and III.	cientific,
year, contribution is checked, ento purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF illing requirements of Schedule B (Form 990).	•
For Paperwork Reduction	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)

Name of organization

Employer identification number

SCHOOL'S OUT WASHINGTON

46-0809713

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- - \$\$.	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		\$3,275,658	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
3		_ \$664,935. _	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		\$\$	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 ZIP + 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 additional 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
		l \$	

Name of or	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, or Use duplicate copies of Part III if additional s	through (e) and the following line haritable, etc., contributions of \$1,000	entry. For organizations) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of	gift	
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
_	Transferee's name, address, ar	(e) Transfer of		transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
-	Transferee's name, address, ar	(e) Transfer of		transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, ar			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

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? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 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. (a) Name (b) Address (c) EIN (d) Amount paid from (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-.

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

Schedule C	(Form 990) 2023	SCHOOL'S OUT WAS	HINGTON		46-0	0809713 Page 2
Part II-A	Complete if the org	anization is exen	npt under sectior	1 501(c)(3) and file	d Form 5768 (ele	
	section 501(h)).					
A Check	if the filing organiza	ition belongs to an affil	liated group (and list in	Part IV each affiliated	group member's nam	ie, address, EIN,
	expenses, and shar	re of excess lobbying e	expenditures).			
B Check	if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.		1
		ts on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lo	obbying expenditures to influ	uence public opinion (g	grassroots lobbying)			
b Total lo	obbying expenditures to influ	uence a legislative bod	ly (direct lobbying)			
c Total lo	obbying expenditures (add li	nes 1a and 1b)				
	exempt purpose expenditure					
e Total e	exempt purpose expenditure	s (add lines 1c and 1d))			
f Lobby	ing nontaxable amount. Ente	er the amount from the	following table in both	n columns.		
If the a	mount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
not ov	er \$500,000,	20% of t	the amount on line 1e.			
over \$	500,000 but not over \$1,000),000, \$100,00	00 plus 15% of the exc	ess over \$500,000.		
over \$	1,000,000 but not over \$1,5	00,000, \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
over \$	1,500,000 but not over \$17,	000,000, \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
over \$	17,000,000,	\$1,000,0	000.			
g Grassr	oots nontaxable amount (en	ter 25% of line 1f)				
h Subtra	ct line 1g from line 1a. If zer	o or less, enter -0				
i Subtra	ct line 1f from line 1c. If zero	o or less, enter -0-				
j If there	e is an amount other than ze	ro on either line 1h or l	line 1i, did the organiza	ation file Form 4720		
reporti	ng section 4911 tax for this	year?				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	f the five columns b	elow.
		Lobbying Exper	nditures During 4-Yea	r Averaging Period		
(or fise	Calendar year cal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobby	ing nontaxable amount					
b Lobby	ing ceiling amount					

(or fiscal year beginning in)

(a) 2020
(b) 2021
(c) 2022
(d) 2023
(e) Total

2a Lobbying nontaxable amount
(150% of line 2a, column(e))

c Total lobbying expenditures

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

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

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	a)	(i	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?	X			12,327.
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g		X			50,081.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i				62,408.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
С	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(ō), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
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				
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members			II-A, line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
_					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
_	expenditures next year? Taughte amount of labbuing and political avanditures. See instructions		4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
	• • • • • • • • • • • • • • • • • • • •	liath Dart II	A lines 1 o	ad 0 (aaa	
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. II-B, LINE 1, LOBBYING ACTIVITIES:	iisi, Part II-	A, illies i a	na z (see	
1(D)	: USED EMAIL PLATFORM TO ENGAGE THE PUBLIC IN ADVOCATING FOR				
FUND	ING FOR YOUTH DEVELOPMENT.				
1(G)	: MET WITH LOCAL REPRESENTATIVES AND COALITIONS TO DISCUSS AND				
<u> </u>	THER EXPAND LEARNING OPPORTUNITIES AND ENCOURAGE GOVERNMENT				

Schedule C	(Form 990) 2023	SCHOOL'S OUT WASH	INGTON		46-0809713	Page 4
Part IV	Supplemental Infor	mation (continued)				
INVOLVEME	ENT AND FUNDING AT T	HE NATIONAL, STATE,	AND LOCAL	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 Inspection

Name of the organization

SCHOOL'S OUT WASHINGTON

Employer identification number $46\!-\!0809713$

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 51101 44 11034 141142	(D) - united and other decounity
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 advise	ed funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
Ū	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organizatio		,
	Preservation of land for public use (for example, recreat	`	a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acquir		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	tion easements during the year
•	Decree of the control		\(\d\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8	Does each conservation easement reported on line 2d above		
•			
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's illiancial statement	ents that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Treasures. or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		nd balance sheet works
	of art, historical treasures, or other similar assets held for public	•	
	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		
	provide the following amounts relating to these items.	,	1
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Par	rt III Organizations Ma	aintaining C	ollections of Ar	t, Historical Tr	easures, or (Other S	imilar As	sets _{(cont}	inued)	
3	Using the organization's acqu	isition, accessio	on, and other record	s, check any of the	following that m	nake signi	ficant use o	of its		
	collection items (check all that	t apply).								
а	Public exhibition		d	I Loan or ex	change program	1				
b	Scholarly research		е	Other						
С	Preservation for future of	generations								
4	Provide a description of the o	rganization's co	llections and explair	n how they further t	he organization	's exempt	purpose in	Part XIII.		
5	During the year, did the organ	nization solicit or	r receive donations of	of art, historical trea	asures, or other s	similar ass	sets			
	to be sold to raise funds rathe	er than to be ma	intained as part of t	ne organization's c	ollection?			Yes		No
Par	rt IV Escrow and Cust	-	•	te if the organizatio	n answered "Ye	s" on For	m 990, Part	t IV, line 9, or		
	reported an amount or	n Form 990, Par	t X, line 21.							
1a	Is the organization an agent, t	trustee, custodia	an, or other intermed	diary for contributio	ns or other asse	ets not inc	luded			_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangem	nent in Part XIII a	and complete the fol	lowing table:						
								Amoui	<u>nt</u>	
С	• • • • • • • • • • • • • • • • • • • •						1c			
d	3 ,						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			1
	Did the organization include a					•		Yes	 	No
	rt V Endowment Fund									
Fai	Lildowillelit i dile	JS Complete If			T		Three years	hack (a) Eq.	ır voare l	hack
	5	-	(a) Current year	(b) Prior year	(c) Two years	Dack (a)	Three years	Dack (e) Fol	ır years t	Jack
1a	0 0 ,									
b	Contributions	I								
С.	Net investment earnings, gain	·								
d										
е	Other expenditures for facilities									
_										
f	Administrative expenses									
g				/I: 4 I /	\ <u>\</u>					
2	Provide the estimated percent	•	•	, , ,	a)) neid as:					
a	Board designated or quasi-en	dowment		%						
b	Permanent endowment		%							
С	Term endowment	·	%							
2-	The percentages on lines 2a,	,	•	ation that are hold s	and administers	d for the				
Sa	Are there endowment funds n	iot in the posses	ssion of the organiza	mon mat are neid a	ina aaministered	i for trie			Yes	No
	organization by:							20(1)		-110
	(i) Unrelated organizations?							رب ما		
L	(ii) Related organizations? If "Yes" on line 3a(ii), are the r		tions listed as requir						+-+	
4	Describe in Part XIII the intend									
	rt VI Land, Buildings, a			willett fullus.						
1 0	Complete if the organiz). Part IV. line 11a.	See Form 990. F	Part X. line	e 10.			
	Description of prope		(a) Cost or o		st or other		ımulated	(d) Bo	ok value	د ——
	Description of prope	Sity	basis (investr	, ,	s (other)		ciation	(4) 50	JK Value	•
	Land		· · ·	,	` '	F . C				
b										
					193,120.		26,264.		166,8	856.
	Equipment				35,833.		35,833.			0.
	Other						,			
	I. Add lines 1a through 1e. (Col			X line 10c colum	7 (B))				166,8	856.

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book value	(b) Method of Valdation. Cost of Cha	or your market value
(1) (2)		<u> </u>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D	n Form 990, Part IV, line lescription	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	
Cotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9)	escription		717,483
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	escription		717,483
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	escription (B))		717,483
Cotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or	escription (B))		717,483
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or I. (a) Description of liability	escription (B))		(b) Book value 717,483 717,483
Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	escription (B))		717,483 717,483 (b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCING LEASE LIABILITY	escription (B))		717,483 717,483 (b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCING LEASE LIABILITY (3) OPERATING LEASE LIABILITY	escription (B))		717,483 717,483 (b) Book value
Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCING LEASE LIABILITY (3) OPERATING LEASE LIABILITY (4)	escription (B))		717,483 717,483 (b) Book value
Cotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCING LEASE LIABILITY (3) OPERATING LEASE LIABILITY (4) (5)	escription (B))		717,483 717,483 (b) Book value
Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCING LEASE LIABILITY (3) OPERATING LEASE LIABILITY (4) (5) (6)	escription (B))		717,483 717,483 (b) Book value
Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCING LEASE LIABILITY (3) OPERATING LEASE LIABILITY (4) (5) (6) (7)	escription (B))		717,483
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" or (a) D (1) RIGHT-OF-USE ASSET (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) FINANCING LEASE LIABILITY (3) OPERATING LEASE LIABILITY (4) (5) (6)	escription (B))		717,483 717,483 (b) Book value

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

Par	t XI Reconciliation of Revenue per Audited Financial Stater	•	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		11 060 550
1			1	11,963,570.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	Net unrealized gains (losses) on investments		_	
b	Donated services and use of facilities		_	
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		-	0.
e	Add lines 2a through 2d		2e	11,963,570.
3	Subtract line 2e from line 1		3	11,505,570.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	45		
a				
b	Other (Describe in Part XIII.) Add lines 4a and 4b		40	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c 5	11,963,570.
	t XII Reconciliation of Expenses per Audited Financial State	ments With Expenses per		22,200,070.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
1	Total expenses and losses per audited financial statements		1	12,605,153.
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			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	-28,953.
3	Subtract line 2e from line 1		3	12,634,106.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,634,106.
	t XIII Supplemental Information			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; Part V, line	4; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.		
D3.D0	VII LIND OD OMUDD AD HAGMADAMA			
PART	XII, LINE 2D - OTHER ADJUSTMENTS:			
ם השני	DN OF DRIOD VEND GRANMS	20 052		
RETU	RN OF PRIOR YEAR GRANTS	-28,953.		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Attach to Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization SCHOOL'S OUT	WASHINGTON						46-080971	
Part I General Information on Grants a	nd Assistance					•		
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?ocedures for monit	oring the use of grant	funds in the United	States.			X Yes	☐ No
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
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 noncash assistance	(h) Purpose of grai or assistance	nt
A 4 APPLE LEARNING CENTER 323 23RD AVE S STE A SEATTLE, WA 98144-2305	85-2777656	501(C)(3)	32,284.	0.			BSK	
ABUBAKR ISLAMIC CENTER OF WA 14101 INTERNATIONAL BLVD TUKWILA, WA 98168-4122	91-2110135	501(C)(3)	48,748.	0.			BSK	
AFTER-SCHOOL ALL-STARS 5900 WILSHIRE BLVD STE 2000 LOS ANGELES, CA 90036-5044	95-4441208	501(C)(3)	135,161.	0.			BSK	
AMT UP 3D 11223 51ST AVE S TUKWILA, WA 98178-2019	87-1546004	501(C)(3)	133,155.	0.			BSK	
ARTS CORPS 4408 DELRIDGE WAY SW STE 110 SEATTLE, WA 98106-1348	91-2044679	501(C)(3)	65,449.	0.			BSK	
ATLANTIC STREET CENTER 2103 S ATLANTIC ST SEATTLE, WA 98144-3615	91-0568710	501(C)(3)	90,658.	0.			BSK	
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				·····	76.
3 Enter total number of other organization	s listed in the line	l table						0.

SCHOOL'S OUT WASHINGTON 46-0809713

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.)	raye
(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
AUBURN SCHOOL DISTRICT							
915 4TH ST NE							
AUBURN, WA 98002-4452	91-6001640	GOVERNMENT ENTIT	256,248.	0.			RSIP, BSK
BELLINGHAM SCHOOL DISTRICT # 501							
1306 DUPONT ST	04 6004640		25,000				
BELLINGHAM, WA 98225-3118	91-6001648	GOVERNMENT ENTIT	36,000.	0.			RSIP
BOYS & GIRLS CLUBS OF BELLEVUE 209 100TH AVE NE							
BELLVUE, WA 98004-5625	91-0776451	501(C)(3)	209,329.	0.			BSK
BRAVE - INSPIRATIONAL WORKSHOPS PO BOX 88113 SEATTLE, WA 98138-2113	82-4494610	501(C)(3)	94,568.	0.			BSK
BERTIEE, WA 90130 ZII3	02 4454010	501(0/(5/	J4,500.	<u> </u>			
BRIDGING CULTURAL GAPS 946 INDUSTRY DR							
TUKWILA, WA 98188-3412	82-4217623	501(C)(3)	100,000.	0.			RSIP
CENTRAL VALLEY SCHOOL DISTRICT 2218 N MOLTER RD	01 6000403	COVERNMENT ENTITE	27, 200	0			RSIP
LIBERTY LAKE, WA 99019-8603	91-6006402	GOVERNMENT ENTIT	27,200.	0.			RSIP
CENTRO RENDU OF ST VINCENT DE PAUL 5950 4TH AVE S							
SEATTLE, WA 98108-3208	91-0583891	501(C)(3)	94,572.	0.			BSK
CHINESE INFORMATION & SERVICE CENTER - 611 S LANE ST - SEATTLE, WA 98104-2939	23-7438529	501(C)(3)	105,923.	0.			BSK, OTHER - OSPI TRAUMA INFORMED CARE
	_	-, -, , -,	, •	-			
CODING FOR ALL 10700 NE 4TH ST UNIT 2816							
BELLEVUE, WA 98004-5885	85-3744111	р01(C)(3)	92,000.	0.			RSIP

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Schedule I (Form 990)

Schedule I (Form 990) SCHOOL'S OUT W							46-0809713 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	T
(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
COMMUNITIES OF ROOTED BRILLIANCE 5224 WILSON AVE S STE 201	27 1450220	501 (G) (2)	106 506				DGID DGW
SEATTLE, WA 98118-2287	27-1458930	501(C)(3)	186,506.	0.			RSIP, BSK
DARE2B PROJECT PO BOX 1534 RENTON, WA 98057	83-3590168	501/61/21	52,488.	0.			BSK
RENION, WA 98037	83-3390168	501(C)(3)	32,400.	0.			PSV
OMPRAKASH 24323 106TH PL SE		-24(5)(2)	04.550				
KENT, WA 98030-5409	20-8655418	501(C)(3)	94,572.	0.			BSK
EAST AFRICAN COMMUNITY SERVICES 7050 32ND AVE S							
SEATTLE, WA 98118-3502	91-2138852	501(C)(3)	94,572.	0.			BSK
EDMONDS SCHOOL DISTRICT 20420 68TH AVE W	01 6001971	GOVERNMENT ENTIT	72 000	0.			RSIP
LYNWOOD, WA 98036-7405	91-0001871	GOVERNMENT ENTIT	72,800.	0.			RSIF
OUR HOPE 9421 18TH AVE SW	47 5150600	501/01/21	04 572	0.			BSK
SEATTLE, WA 98108-2717	47-5159699	501(C)(3)	94,572.	0.			BSV
EL CENTRO DE LA RAZA 2524 16TH AVE S							
SEATTLE, WA 98144-5104	91-0899927	501(C)(3)	94,572.	0.			BSK
EMPOWERING YOUTH AND FAMILIES OUTREACH - 8172 RAINIER AVE S -							
SEATTLE, WA 98118-4447	02-0553368	501(C)(3)	88,289.	0.			BSK
ERITREAN ASSOCIATION IN GREATER SEATTLE - 1954 S MASSACHUSETTS ST							
- SEATTLE, WA 98144-3534	91-1703201	501(C)(3)	93,204.	0.			BSK

SCHOOL'S OUT WASHINGTON 46-0809713

Part II Continuation of Grants and Other A	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	T
(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
EVERETT SCHOOL DISTRICT							
3900 BROADWAY							
EVERETT, WA 98201-5033	91-6001542	GOVERNMENT ENTIT	96,400.	0.			RSIP
FAMILY LEARNING CENTER							
505 S OLYMPIA ST APT B5							
KENNEWICK, WA 99336-4870	46-3000858	501(C)(3)	50,000.	0.			RSIP
FEDERAL WAY SCHOOL DISTRICT 33330 8TH AVE S							
FEDERAL WAY, WA 98003-6325	91-6001624	GOVERNMENT ENTIT	228,456.	0.			RSIP, BSK
FILIPINO COMMUNITY OF SEATTLE 5740 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118-2622	91-6055858	501/03/33	94,572.	0.			BSK
SEATTLE, WA 90110-2022	91-0033636	301(0)(3)	94,372.	0.			BSK
FIRST FIVE YEARS & BEYOND							
9434 S 223RD CT							
KENT, WA 98031-2025	47-4257834	501(C)(3)	94,572.	0.			BSK
FOUNDATION FOR YOUTH RESILIENCY							
AND ENGAGEMENT - PO BOX 3907 -							OTHER - OSPI TRAUMA
OMAK, WA 98841-9762	85-1201630	501(C)(3)	11,810.	0.			INFORMED CARE
GEEKING OUT KIDS OF COLOR							
605 SW 108TH ST							
SEATTLE, WA 98146-2229	83-1597755	501(C)(3)	303,280.	0.			BSK
GREATER SEATTLE BUREAU OF FEARLESS							
IDEAS - PO BOX 30764 - SEATTLE, WA							
98113-0764	41-2127333	501(C)(3)	28,372.	0.			BSK
HIGHLINE SCHOOL DISTRICT							
15675 AMBAUM BLVD SW							
BURIEN, WA 98166-2523	91-6001631	GOVERNMENT ENTIT	157,500.	0.			RSIP

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Schedule I (Form 990)

Schedule I (Form 990) SCHOOL'S OUT							46-0809713 Page
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	T
(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
HORN OF AFRICA SERVICES							
5303 RAINIER AVE S STE D							
SEATTLE, WA 98118-2302	91-1897087	501(C)(3)	94,572.	0.			BSK
INTERNATIONAL RESCUE COMMITTEE,							
INC 1200 S 192ND ST STE 101 -							
SEATAC, WA 98148-2323	13-5660870	501(C)(3)	174,000.	0.			RSIP
IRAQI COMMUNITY CENTER OF							
WASHINGTON - 22401 104TH AVE SE STE 102 - KENT, WA 98031-3292	61-1729234	E01/G\/3\	94,345.	0.			BSK
SIE 102 - RENI, WA 90031-3292	01-1729234	501(C)(3)	94,345.	0.			PSV
KANDELIA							
3829B S EDMUNDS ST # 9							
SEATTLE, WA 98118-1729	91-1122532	501(C)(3)	32,000.	0.			RSIP
WENDY AND A GREEK BEAUTIES							
KENNEWICK SCHOOL DISTRICT 1000 W 4TH AVE							
KENNEWICK, WA 99336-5533	91-6001557	GOVERNMENT ENTIT	175,000.	0.			RSIP
	72 0002007		270,000.	•			
KENT SCHOOL DISTRICT							
12033 SE 256TH ST							
KENT, WA 98030-6503	91-6001646	GOVERNMENT ENTIT	810,700.	0.			RSIP
KENT YOUTH AND FAMILY SERVICES							
232 2ND AVE S STE 201							
KENT, WA 98032-5862	23-7090029	501(C)(3)	175,820.	0.			BSK
,			, , ,				
KIDS AND PAPER							
1455 NW LEARY WAY STE 400							
SEATTLE, WA 98107-5138	85-3276491	501(C)(3)	94,573.	0.			BSK
KIDSQUEST CHILDREN'S MUSEUM							
1116 108TH AVE NE							
BELLEVUE, WA 98004-4321	91-1828830	501(C)(3)	36,234.	0.			BSK

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
LAUNCH							
3401 RAINIER AVE S STE A							
SEATTLE, WA 98144-6954	91-0987650	501(C)(3)	72,871.	0.			BSK
LIVING WELL KENT							
10605 SE 240TH ST # 232							
KENT, WA 98031-4903	81-4451307	501(C)(3)	94,572.	0.			BSK
LUTHERAN COMM SERVICES NW							
4040 S 188TH ST STE 300							
SEATAC, WA 98188-5070	93-0386860	501(C)(3)	62,000.	0.			RSIP
MULTIMEDIA RESOURCES & TRAINING	33 030000		02,000.	0.			
INSTITUTE - 808 FIR ST UNIT 135							
MAIL BOX 728 - SEATTLE, WA							
98104-5143	27-1028618	501(C)(3)	39,985.	0.			BSK
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
NEIGHBORHOOD HOUSE INC							
1225 S WELLER ST STE 510							
SEATTLE, WA 98144-1906	91-0568305	501(C)(3)	199,547.	0.			BSK
,			, ,	-			
OPEN DOORS FOR MULTICULTURAL							
FAMILIES - 24437 RUSSELL RD STE							
110 - KENT, WA 98032-1786	27-1206272	501(C)(3)	94,572.	0.			BSK
·							
PARA LOS NINOS DE HIGHLINE							
15220 6TH AVE SW							
BURIEN, WA 98166-2202	20-0502368	501(C)(3)	70,661.	0.			BSK
REFUGEE & IMMIGRANT SERVICES							
NORTHWEST - 2000 TOWER ST -							
EVERETT, WA 98201-1352	91-1167743	501(C)(3)	92,000.	0.			RSIP
REFUGEE WOMEN'S ALLIANCE							
4008 MARTIN LUTHER KING JR WAY S							
SEATTLE, WA 98108-1623	91-1296964	501(C)(3)	78,000.	0.			RSIP
<u></u>	1 71 1270704	P = (C / (S /	1 70,000.	ı			RSIE

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Schedule I (Form 990)

Schedule I (Form 990) SCHOOL'S OUT W							46-0809713 Page
Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	T
(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 ENTIT	142,725.	0.			RSIP
SEATTLE HOUSING AUTHORITY 190 QUEEN ANNE AVE N SEATTLE, WA 98109-4968	91-6000977		46,906.	0.			BSK
SEATTLE PARKS AND RECREATION PO BOX 94626			,				
SEATTLE, WA 98124-6926	91-6001275	GOVERNMENT ENTIT	232,526.	0.			BSK
SEATTLE SCHOOL DISTRICT PO BOX 34165 SEATTLE, WA 98124-1165	01 6001541	GOVERNMENT ENTIT	12,000.	0.			RSIP
SOMALI HEALTH BOARD 545 ANDOVER PARK W STE 105			,				
TUKWILA, WA 98188-3347	46-5114580	501(C)(3)	90,947.	0.			BSK
SOUTH END STORIES (INTIMAN) PO BOX 19537		504 (5) (2)	04.040				
SEATTLE, WA 98109-1537	23-7328597	501(C)(3)	94,043.	0.			BSK
SOUTHWEST YOUTH AND FAMILY SERVICES - 4555 DELRIDGE WAY SW -				_			
SEATTLE, WA 98106-1379	91-1117862	501(C)(3)	123,372.	0.			BSK
SPOKANE SCHOOL DISTRICT #81 200 N BERNARD ST							
SPOKANE, WA 99201-0206	91-6001582	GOVERNMENT ENTIT	219,400.	0.			RSIP
SPOKANE SLAVIC ASSOCIATION 9431 N DIVISION ST							
SPOKANE, WA 99218-1228	88-1474300	501(C)(3)	28,000.	0.			RSIP

Schedule I (Form 990) SCHOOL'S OUT W							46-0809713 Page
Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pai	rt II.) T	ı
(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
STEM PATHS INNOVATION NETWORK							
3407 NE 2ND ST							
RENTON, WA 98056-4183	47-4188543	501(C)(3)	99,060.	0.			BSK
STUDENT AND FAMILY SUPPORT PROGRAM PO BOX 18226							
SEATTLE, WA 98118-0226	86-3360503	501(C)(3)	95,365.	0.			BSK
TEAM READ							
2445 3RD AVE S	01-0852888	E01/G)/3)	20 800	0.			Day
SEATTLE, WA 98134-1923	01-0852888	501(C)(3)	29,800.	0.			BSK
THE SILENT TASK FORCE 5316 24TH AVE S							
SEATTLE, WA 98108-3035	82-3015372	501(C)(3)	34,992.	0.			BSK
TUKWILA SCHOOL DISTRICT 4640 S 144TH ST							
TUKWILA, WA 98168-4134	91-6001638	GOVERNMENT ENTIT	75,000.	0.			RSIP
URBAN FAMILY CENTER ASSOCIATION PO BOX 88064							
SEATTLE, WA 98138-2064	27-3962439	501(C)(3)	42,878.	0.			BSK
URBAN IMPACT 7728 RAINIER AVE S							
SEATTLE, WA 98118-4139	91-1368333	501(C)(3)	58,013.	0.			BSK
BERTIEL, WIL SCIEG 1103	71 1300333	301(0)(3)	30,013.	•			
VOLUNTEERS OF AMERICA WESTERN WASHINGTON - PO BOX 839 - EVERETT,							
WA 98206-0839	91-0577129	501(C)(3)	38,000.	0.			RSIP
WASAT COMMUNITY 5623 RAINIER AVE S							
SEATTLE, WA 98118-2442	46-4322594	501(C)(3)	93,442.	0.			BSK

Schedule I (Form 990) SCHOOL'S OUT I							46-0809713 Pag
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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
WASHINGTON WEST AFRICAN CENTER							
3909 164TH ST SW STE 201							
LYNNWOOD, WA 98087-6905	81-5319066	501(C)(3)	94,099.	0.			BSK
EIMMOOD, WIL 3000, 0303	01 3313000	301(0)(3)	34,033.	0.			DOX
WHEELLAB							
16024 SE 142ND PL							
RENTON, WA 98059-7518	81-1327152	501(C)(3)	30,422.	0.			BSK
WORLD RELIEF CORPORATION OF							
NATIONAL ASSOCIATION OF							
EVANGELICALS - 23835 PACIFIC							
HIGHWAY S STE 100 - KENT, WA	23-6393344	501(C)(3)	48,000.	0.			RSIP
YAKIMA VALLEY FARM WORKERS CLINIC							
604 W 1ST AVE PO BOX 190							OTHER - OSPI TRAUMA
TOPPENISH, WA 98948-0190	91-1019392	501(C)(3)	12,256.	0.			INFORMED CARE
YMCA OF GREATER SEATTLE							
909 4TH AVE							
SEATTLE, WA 98104-1108	91-0482710	501(C)(3)	36,971.	0.			BSK
EMITTE, WI SOTOT TIOC	31 0102,10	301(3)(3)	30,372.	•			
YOUTH DEVELOPMENT EXECUTIVES OF							
KING COUNTY - 625 ANDOVER PARK W							OTHER- YDKEC (SOWA TO
STE 101 - TUKWILA, WA 98188-3332	46-0809713	501(C)(3)	7,527.	0.			YDEKC - WASH)
YOUTH TUTORING PROGRAM							
100 23RD AVE S							
SEATTLE, WA 98144-2302	91-1585652	501(C)(3)	19,487.	0.			BSK
						<u> </u>	

<u>Schedule I (Form 990) 2023</u> SCHOOL'S OUT WASHINGTON 46-0809713 Page **2**

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, 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 assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
STAFF MONITOR GRANT COMPLIANCE BASED ON DELIVERABLE	ES SET BY FUN	IDING			
SOURCES. SITE VISITS, FISCAL, AND NARRATIVE REPORT	S ARE REQUIRE	D TO ENSURE			
THAT OUTCOMES ARE MET AND FUNDS ARE SPENT ACCORDING					
THE COLOURS HE HE HE LOVE HE STENT HOCKETS		goingments.			
PART II DESCRIPTION OF PROGRAM GRANTS					
BSK - BEST STARTS FOR KIDS					
OSPI - OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCT	ION				
RSIP - REFUGEE SCHOOL IMPACT PROGRAM					

332102 11-01-23 Schedule I (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

SCHOOL'S OUT WASHINGTON

Employer identification number 46-0809713

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 SCHOOL'S OUT WASHINGTON 46-0809713

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

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

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

	(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELIZABETH WHITFORD	(i)	143,078.	0.	0.	4,813.	7,792.	155,683.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0,	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	1

Page 2

Schedule J (Form 990) 2023	SCHOOL'S OUT WASHINGTON	46-0809713	Page 3
Part III Supplemental Informa	ntion		
	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	3, and for Part II. Also complete this part for any additional informatio	n.
-			

SCHEDULE O (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.

2023 Open to Publi

Employer identification number

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

46-0809713 SCHOOL'S OUT WASHINGTON FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: YOUTH, PARTICULARLY THOSE FURTHEST FROM JUSTICE, HAVE ACCESS TO A ROBUST ECOSYSTEM OF HIGH-QUALITY EXPANDED LEARNING PROGRAMS. FORM 990, PART I, LINE 6: IN 2023, 10 VOLUNTEERS SERVED FOR SOME OR PART OF THE YEAR AS MEMBERS OF THE BOARD OF DIRECTORS. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: YOUTH DEVELOPMENT EXECUTIVES OF KING COUNTY, FISCALLY SPONSORED BY SCHOOL'S OUT WASHINGTON. CEASED OPERATIONS IN OCTOBER 2023. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: YOUTH DEVELOPMENT EXECUTIVES OF KING COUNTY (YDEKC) WAS A COALITION OF YOUTH-SERVING ORGANIZATIONS WORKING TOGETHER TO IMPROVE OUTCOMES FOR YOUNG PEOPLE IN OUR REGION. OVER THE COURSE OF ITS 13-YEAR HISTORY FROM 2010 THROUGH ITS CLOSURE IN OCTOBER 2023, YDEKC HELPED BUILD THE YOUTH DEVELOPMENT FIELD IN KING COUNTY TO PROVIDE THESE OPPORTUNITIES AND PROMOTE EQUITY, ACCOMPLISHING ITS GOALS THROUGH ADVOCACY COLLABORATION, AND LEADERSHIP DEVELOPMENT EXPENSES \$ 292,198. INCLUDING GRANTS OF \$ 432. REVENUE \$ 8,674. 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.

Schedule O (Form 990) 2023 Page **2**

Name of the organization SCHOOL'S OUT WASHINGTON	Employer identification number 46-0809713
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY APPLIES TO "COVERED PERSONS," DEFINED AS	
ANY SOWA DIRECTOR, OFFICER, OR MEMBER OF ANY COMMITTEE OF SOWA'S BOARD OF	
DIRECTORS THAT HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS,	
AND THOSE SOWA EMPLOYEES WHO MAY BE DESIGNATED BY SOWA'S PRESIDENT. COVERED	
PERSONS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY FORM UPON	
JOINING THE BOARD AND ANNUALLY THEREAFTER. NO COVERED PERSON MAY ENGAGE IN	
ANY TRANSACTION OR ARRANGEMENT OR UNDERTAKE POSITIONS WITH OTHER	
ORGANIZATIONS THAT INVOLVE A CONFLICT OF INTEREST, EXCEPT IN COMPLIANCE	
WITH THIS POLICY. EVERY COVERED PERSON SHALL DISCLOSE ALL ACTUAL AND	
POTENTIAL CONFLICTS AND RECUSE HIMSELF/HERSELF FROM VOTING ON ANY	
TRANSACTION OR ARRANGEMENT IN WHICH HE/SHE HAS A POTENTIAL OR ACTUAL	
CONFLICT OF INTEREST AND SHALL NOT BE PRESENT WHEN ANY SUCH VOTE IS TAKEN.	
ALL DISCLOSURES INVOLVING A TRANSACTION OR ARRANGEMENT BEING CONSIDERED AT	
A MEETING OF THE BOARD OR A COMMITTEE SHALL BE MADE TO ALL MEMBERS PRESENT	
AT SUCH MEETING. ALL OTHER DISCLOSURES SHALL BE MADE TO THE PRESIDENT (WHO	
SHALL DISCLOSE HIS OR HER CONFLICTS TO THE BOARD OF DIRECTORS). THE	
PRESIDENT SHALL DISCLOSE TO THE BOARD OF DIRECTORS ALL CONFLICTS OF	
INTEREST REPORTED TO HIM OR HER UNDER THIS POLICY. THE BOARD OF DIRECTORS	
WILL EVALUATE THE DISCLOSURES TO DETERMINE WHETHER THEY INVOLVE ACTUAL	
CONFLICTS OF INTEREST AND MAY ATTEMPT TO DEVELOP ALTERNATIVES TO REMOVE THE	
CONFLICT FROM THE SITUATION.	
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 SALARY RANGES FOR EACH POSITION IN	
THE ORGANIZATION. IN 2023, SOWA WORKED WITH THE SAME EXTERNAL CONSULTING	
FIRM TO DETERMINE THE APPROPRIATE PERCENTAGE TO AGE THE RANGES FOR THE	
332212 11-14-23	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization SCHOOL'S OUT WASHINGTON	Employer identification number
POSITIONS BENCHMARKED IN THE PREVIOUS YEARS. NEWLY ADDED OR SUBSTANTIALLY	
REVISED POSITIONS WERE ALSO BENCHMARKED BY THIS CONSULTING FIRM.	
ADDITIONALLY, THE BOARD APPROVES A BUDGET EACH YEAR FOR TOTAL SALARY	
INCREASES. RAISES WERE AWARDED TO STAFF IN SEPTEMBER 2023 BASED ON THESE	
BENCHMARKS, EMPLOYEES' TENURE, THE BUDGETED SALARY INCREMENTS, AND OUR	
FINANCIAL POSITION AT THAT TIME. IN 2023, THE SALARY INCREMENTS FOR ALL	
STAFF AVERAGED 4.8%.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST AND THE	
FORM 990 IS PUBLISHED ON OUR WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT	
OF INTEREST POLICY ARE NOT MADE PUBLIC.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RETURN OF PRIOR YEAR GRANTS 28,953.	