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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning

July 1

, 2009, and ending

June 30

, 20 10

B Check if applicable	C Name of organization ANACORTES HIGH SCHOOL PTSA 8.2.70	D Employer identification number 91-1944119
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 2003-65TH AVENUE WEST	E Telephone number 360-293-8750
<input type="checkbox"/> Name change	Room/suite	
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
Specific Instructions	F Group Exemption Number ►	N/A

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ►

I Website: ► **N/A**J Tax-exempt status (check only one) — 501(c) (3) ▲ (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **68085**

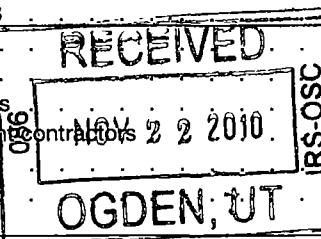
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1 13769
2 Program service revenue including government fees and contracts	2 0
3 Membership dues and assessments	3 0
4 Investment income	4 114
5a Gross amount from sale of assets other than inventory	5a 0
b Less: cost or other basis and sales expenses	5b 0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 1700
b Less: direct expenses other than fundraising expenses	6b 0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 1700
7a Gross sales of inventory, less returns and allowances	7a 52502
b Less: cost of goods sold	7b 58842
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c (6340)
8 Other revenue (describe ► _____)	8 0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 9243
10 Grants and similar amounts paid (attach schedule)	10 2589
11 Benefits paid to or for members	11 0
12 Salaries, other compensation, and employee benefits	12 0
13 Professional fees and other payments to independent contractors	13 0
14 Occupancy, rent, utilities, and maintenance	14 0
15 Printing, publications, postage, and shipping	15 353
16 Other expenses (describe ► SEE ATTACHED)	16 2051
17 Total expenses. Add lines 10 through 16 ►	17 4993
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 4250
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 34125
20 Other changes in net assets or fund balances (attach explanation)	20 0
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 38375

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	34125 22	38375
23 Land and buildings	0 23	0
24 Other assets (describe ► _____)	0 24	0
25 Total assets	34125 25	38375
26 Total liabilities (describe ► _____)	0 26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34125 27	38375



P 13

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **CHILD ADVOCACY**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE ATTACHMENT			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	37700	
29 SEE ATTACHMENT			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	89	
30 SEE ATTACHMENT			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	204	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0	
32 Total program service expenses (add lines 28a through 31a) . . . ► 32		37993	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Kati Noar 6067 Central Ave., Anacortes, WA 98221	Co-Pres & Reflect. 10/hrs	0	0	0
Patti Malcolm 14069 Ervine Rd., Anacortes, WA 98221	Co-Pres. & '11 Class 10/hrs	0	0	0
Kathy Whitney 3710 37th Drive, Anacortes, WA 98221	Vice-President 10/hrs	0	0	0
Charlene Stoner 15844 Yokeko Dr., Anacortes, WA 98221	Co-Secretary 10/hrs	0	0	0
Karen Yost 2101 10th St., Anacortes, WA 98221	Co-Secretary 10/hrs	0	0	0
Polly Welch 3925 W. 12th St., Anacortes, WA 98221	Treasurer 10/hrs	0	0	0
Kathy Stockfish 3919 W. 12th St., Anacortes, WA 98221	Membership 10/hrs	0	0	0
Debora Bisby 2305 42nd Place, Anacortes, WA 98221	Newsletter Editor 10/hrs	0	0	0
Margaret Hardesty 4125 R Ave., Anacortes, WA 98221	Newsletter Prod. 10/hrs	0	0	0
Louise McKnight 4605 Camano Pl., Anacortes, WA 98221	Hosp. & '12 Class 10/hrs	0	0	0
Sheryl Kyllo 7555 Crescent Ln., Anacortes, WA 98221	PTSA Fin. Grants 10/hrs	0	0	0
Rhonda McLaughlin Anacortes, WA 98221	Legl.Chair & Escript 3/hrs	0	0	0
Yemia Simonis Anacortes, WA 98221	SAEG Grants 2/hrs	0	0	0
Linda Everton 4800 Woodside Dr., Anacortes, WA 98221	Poinsettia & '10 Class 12/h	0	0	0
Christine Prime 6533 Almida Vista Pl., Anacortes, WA 98221	Cupcake Days 2 hrs	0	0	0
Erlin Rieger 6712 Deer Ln., Anacortes, WA 98221	LINK Liason 2/hrs	0	0	0
Leslie Richards 2215 37th Ct., Anacortes, WA 98221	'13 Class Chair 10/hrs	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a** 0

b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 **39a** N/A

b Gross receipts, included on line 9, for public use of club facilities **39b** N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► **0** ; section 4912 ► **0** ; section 4955 ► **0**

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **0**

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► **0**

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

41 List the states with which a copy of this return is filed. ► **N/A**

42a The organization's books are in care of ► **POLLY A. WELCH** Telephone no. ► **360-293-8750**
Located at ► **3925 W. 12TH ST., ANACORTES, WA** ZIP + 4 ► **98221**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ► _____
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

	Yes	No
33		✓
34		✓
35a		✓
35b		✓
36		✓
37b		✓
38a		✓
40b		✓
40e		✓
42b		✓
42c		✓
43		✓
44		✓
45		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

				Yes	No
46	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			46	✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II			47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?			49a	✓
b	If "Yes," was the related organization a section 527 organization?			49b	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."				

(a) Name and address of each employee paid more than \$100,000

(b) Title and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

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

Sign Here

► Polly A. Welch
Signature of officer

11/15/2010
Date

► **POLLY A. WELCH, TREASURER**

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►		EIN ►	Phone no ►

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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. ► See separate instructions.

Name of the organization

Employer identification number

ANACORTES HIGH SCHOOL PTSA 8.2.70

91 : 1944119

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 11, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 (ii) A family member of a person described in (i) above? _____
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
 h Provide the following information about the supported organization(s).

Yes	No
11g(i)	
11g(ii)	
11g(iii)	

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

Cat No. 11285F

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2943	7092	7111	10728	13769	41643
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	2943	7092	7111	10728	13769	41643
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4.						41643

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2943	7092	7111	10728	13769	41643
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	352	762	229	131	114	1588
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						43231
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95 %
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5256	10020	7111	10728	13769	46884
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	59985	44087	48343	73096	52502	278013
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	65241	54107	55454	83824	66271	324897
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						324897

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	65241	54107	55454	83824	66271	324897
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	352	762	229	131	114	1588
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	352	762	229	131	114	1588
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	65593	54869	55683	83955	66385	326485
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	<1 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	<1 %
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Anacortes High School PTSA 8.2.70
2009-990EZ

Attachment for Line 10

Student Academic Enrichment Grants (SAEG) (8)	\$ 1,089
Financial Assistance Grants (2)	\$ 1,000
Graduation Night Grants (4)	\$ 500
Total:	\$ 2,589

Anacortes High School PTSA 8.2.70
2009-990EZ

Attachment for Line 16

Office Supplies	\$ 22
Secretary of State	\$ 20
Insurance	\$ 290
Membership/yearly fee	\$ 1,055
Convention	\$ 89
Hospitality	\$ 65
Reflections	\$ 256
General Meeting Costs	\$ 253
Total:	<hr/> \$ 2,051

Anacortes High School PTSA 8.2.70
2009-990EZ

Attachment for Line 28, 29 and 30

Line 28

Our Student Support/Enrichment/Education program include:

Enrichment: Providing teachers with innovative classroom materials potentially touching the lives of all the students at Anacortes High. 8 grants were given out totalling \$1089.

Financial Assistance: Given to graduating seniors with financial needs. 2 awards given totalling \$1000.

Graduating Night Event: Helping sponsor an alcohol/drug free and safe event for graduating seniors totalling \$35611.

Total for line 28 **\$37,700**

Line 29

Leadership training/Workshops/Convention \$89

Line 30

Volunteer Recognition \$204

Total for Part III \$37993