DLN: 93493153001350 OMB No 1545-0047 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 Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable SCHOOL'S OUT WASHINGTON ☐ Address change 46-0809713 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O $\,$ box if mail is not delivered to street address) 801 23RD AVENUE SOUTH STE A ☐ Amended return ☐ Application pending (206) 323-2396 City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA $\,$ 98144 $\,$ G Gross receipts \$ 8,334,585 Name and address of principal officer H(a) Is this a group return for **ELIZABETH WHITFORD** □Yes **☑**No subordinates? 801 23RD AVENUE SOUTH STE A H(b) Are all subordinates SEATTLE, WA 98144 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) ☐ 527 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SCHOOLSOUTWASHINGTON ORG L Year of formation 2012 **M** State of legal domicile K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SCHOOL'S OUT WASHINGTON PROVIDES SERVICES AND GUIDANCE FOR ORGANIZATIONS TO ENSURE ALL YOUNG PEOPLE HAVE SAFE PLACES TO LEARN AND GROW WHEN NOT IN SCHOOL SOWA IS DEDICATED TO BUILDING COMMUNITY SYSTEMS TO SUPPORT QUALITY AFTERSCHOOL, YOUTH DEVELOPMENT AND SUMMER PROGRAMS FOR WASHINGTON'S CHILDREN AND YOUTH AGES 5 THROUGH YOUNG Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 10 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 55 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 20 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 39 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 7,711,620 7,853,850 Ravenue 433,976 Program service revenue (Part VIII, line 2g) . 466,161 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 14,574 4,161 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -1,781 8,147,976 8,334,585 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,418,552 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 3,656,004 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 3,298,859 3,211,154 16a Professional fundraising fees (Part IX, column (A), line 11e) . 14,541 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶189,158 1,587,278 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,610,958 8,304,689 8,492,657 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -156,713 -158,072 Assets or d Balances End of Year Beginning of Current Year 3,742,375 20 Total assets (Part X, line 16) . 4,004,654 21 Total liabilities (Part X, line 26) . 474,158 373,951 3,530,496 Net assets or fund balances Subtract line 21 from line 20 . 3,368,424 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-14 Signature of officer Date Sign Here ELIZABETH WHITFORD CEO Type or print name and title Print/Type preparer's name Date 2020-05-14 Preparer's signature Check \square if P00775671 **Paid** self-employed Firm's name BDO USA LLP Firm's EIN > 13-5381590 Preparer Use Only Firm's address ▶ 601 UNION ST STE 2300 Phone no (206) 382-7777 SEATTLE, WA 981012345 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Servic	e Accomplishm	ents		
	Check if Sched	dule O contains a respo	onse or note to any	line in this Part III .		🗹
1	Briefly describe the o	rganızatıon's mıssıon				
LEAR	N AND GROW WHEN N	OT IN SCHOOL SOWA	IS DEDICATED TO	BUILDING COMMUN	IS TO ENSURE ALL YOUNG PEC ITY SYSTEMS TO SUPPORT QU OUTH AGES 5 THROUGH YOUNG	ALITY AFTERSCHOOL,
2	-	undertake any significa	nt program service	s during the year wh	ıch were not listed on	
	the prior Form 990 or					🗌 Yes 🗹 No
3	-	se new services on Scl cease conducting, or n		nges in how it conduc	cts, any program	
	services?		• • • • • • • • • • • • • • • • • • •			☐ Yes 🗹 No
4	Section 501(c)(3) and		ons are required to i	report the amount of	argest program services, as mo grants and allocations to othe	
4a	(Code See Additional Data) (Expenses \$	1,847,942 ind	cluding grants of \$	118,125) (Revenue \$	234,685)
4b	(Code See Additional Data) (Expenses \$	3,586,451 inc	cluding grants of \$	3,325,286) (Revenue \$)
4c	(Code See Additional Data) (Expenses \$	1,591,172 ind	cluding grants of \$	300) (Revenue \$	220,767)
	(Code) (Expenses \$	790,010 ind	cluding grants of \$	212,293) (Revenue \$	10,709)
	OUTCOMES FOR YOUNG		WE ÀRE BUÍLDING THE	YOUTH DEVELOPMENT	/ING ORGANIZATIONS WORKING TO FIELD IN KING COUNTY TO PROVID ELOPMENT	
4d	Other program servic	es (Describe in Sched	ıle O)			
	(Expenses \$	790,010 inc	uding grants of \$	212,29	93) (Revenue \$	10,709)
4e	Total program serv	ice expenses ▶	7,815,575			

14b

15

16

17

18

19

20a

20h

21

Yes

Form **990** (2019)

No

No

Nο

No

Nο

Nο

No

Part IV Checklist of Required Schedules Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 🛸 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 🛸 . 5 Nο 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 No 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b 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 No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 11f Nο 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . Nο

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

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

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

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

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

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

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

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

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

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

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

Form	990 (2019)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Establishania haran estada Bara 2 efficient 1000 Estado O C de la		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 76 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0]		

1c

as first the number of arropives reported on from N°3, Transmittal of Wage and Tax Statements, files for the calendar year ending with or within the year covered by this return. So If all less to me is reported on line 2a, if all the organization file all required federal employment tax returns? Note. If the sum of lines 2a and 2a is greater than 250, you may be required to e-file (see instructions) 3a In the organization have unrelated business gross concerns of 51,000 or more during the vera? 3a No If "Net." has it filed a form 990-If for this year? "From 50 and 3b, provide an explanation on Schedule 0. 3b If "Net." has the filed a form 990-If for this year? "From 50 and 3b, provide an explanation on Schedule 0. 3c Year and the control of	Pai	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
Tas Sistements, field of the calendar year ending with or within the year accorded by 2a 55 b If all least one is reported on line 3a, did the organization if le all incurred federal employment tax returns? Note. If the unri of lines 1 and 3a is repart from 250, you may be required to efficie cere increations) 3a Did the organization where unreliated business gress income of \$1,000 or more dump the year? 3b If If year, "and it field a form \$900 of the third year and the organization in Schelly O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a featured to end the organization may be account, scentified accounts, scentified in Schelly O. 5c If "Yes," do the organization receive a promibiled tax scheles transaction and any time during the tax year." 5d Note the organization may a promibiled tax scheler transaction and any time during the tax year." 5d Note the organization may a promibiled tax scheler transaction and any time during the tax year. 5d Note the organization may a combinate tax scheler transaction at any time during the tax year. 5d Note of the organization that it was on is a party to a prohibited tax schelar transaction of 5c. 6d Notes the organization may a combinate tax schelar transaction and any time during the tax year. 5d Note of the organization scheler transaction and any time during the tax year. 6d Notes the organization may be received eductible contributions under section 170(c). 6d Did the organization that were not tax deductible as charatistic contributions. 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution in a partly for goods and services provided to the seyor. 9d Did the organization scheler and the scheler party as a contribution on a partly for goods and services provided to the seyor. 9d Did the sponsoring organization scheler and the scheler part part to the organiz					
b If a least one is reported on line 24, and the organization file of irrequired to effect generations? Note, if the sum of lines 3 and 26 is greater than 250, you may be required to effect generations? 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a A carry time during the calendar year, did the organization in some of \$1,000 or more during the year? 4a A carry 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 (but have a bindian account, securities account, or other financial account)? 5b If "res," enter the name of the foreign country be seen structions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization aparty to a prohibited tax shelter transaction? 5c Was a stress of the security of the organization have annual gross resemble that are normally greater than \$100,000, and did the organization security of the		Tax Statements, filed for the calendar year ending with or within the year covered by			
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b If "Yes," indicate the number of Forms \$282 field during the cylindra part of the regulation for the sub-rivers of the organization for the sub-rivers of the organization for the sub-rivers of the organization for the payor? See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) By Was the organization and party to a prohibited tax bethet transaction at any time during the tax year? So Was the organization and party to a prohibited tax bethet transaction at any time during the tax year? So In "Yes," to line Sa or 55, did the organization file Form 888617? So In "Yes," to line Sa or 55, did the organization file Form 888617? So In "Yes," to line Sa or 55, did the organization file form 888617? So In "Yes," to line Sa or 55, did the organization file form 8899 as reprovided to the payor? Organizations that may receive deductible contributions under section 170(c). By If "Yes," did the organization notify the dinnor of the value of the goods or services provided? The yes," indicate the number of Forms 8282 filed during the year. If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To In the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C? So Did the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C? Did the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-C? So Ponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations maintaining d	U				
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financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) See instructions for filing requirements for FinCEV Form 114, Report of Foreign Bank and Financial Accounts (FBAR) by the instructions for filing requirements for FinCEV Form 114, Report of Foreign Bank and Financial Accounts (FBAR) by the any taxable party norty, the organization file Form 8886-T7 6a Does the organization have expected that it was or is a party to a prohibeted tax shelter transaction? 6b If "Yes," (it line 5 aor 5b, did the organization file Form 8886-T7 6a Does the organization have excess that are normally greater than \$100,000, and did the organization of solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," (it did the organization necesive a payment in excess of \$75 made party to a prohibeted tax shelter transaction? 6c If "Yes," (it did the organization necesive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If yes, "(it the organization necesive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," (it the organization notify the donor of the value of the goods or services provided? 7c In the organization excesses a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," (in the organization notify the donor of the value of the goods or services provided? 7c In the organization notify the donor of the value of the goods or services provided? 7d If "Yes," (in the organization notify the donor of the value of the goods or services provided? 7c In the organization notify the goods and services provided to the good of the good			3b		
b If "Yes," either the name of the foreign country ► See instructions for filing requirements for Find (EN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sae was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa No Did any taxable party hothy the organization that it was or is a party to a prohibited tax shelter transaction? Sb No Did any taxable party hothy the organization that it was or is a party to a prohibited tax shelter transaction? Sc So No If "Yes," to line Sa or 5b, did the organization file Form 8886-T? So B If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization occlude normalized contributions of the value of the contributions or gifts were not tax deductible? To Organizations that may receive deductible contributions under section 170(c). B Did the organization receive a payment in excess of 375 made party as a contribution and partly for goods and services of the poper? To provided to the payor? To provided to the payor? To provide the organization notify the donor of the value of the goods or services provided? To provide the organization of the value of the goods or services provided? To provide the organization of the value of the goods or services provided? To provide the organization of the value of the goods or services provided? To provide the organization of the value of the goods or services provided? To provide the organization of the value of the goods or services provided? To provide the organization of the value of the goods or services provided? To provide the organization of the provided or the value of the goods or services provided? To provide the organization of the provided or the value of the goods or services provided? To provide the organization of the provided or the value of the goods or services provided? To provide the provided the provided or provided the goods or services provided or the provided or the p	4a		4a		No
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party northy the organization that tiwas or is a party to a prohibited tax shelter transaction? 5c C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization party or a prohibited tax shelter transaction? 5c C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization party or goods and services on tax deductible? 6b If "Yes," did the organization include with every selectation an express statement that such contributions or grifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization neceive any funds, directly or indirectly, on a personal benefit contract? 7c No If Yes," indicate the number of forms \$282 field during the year 8 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d No If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C7. 7g If the organization make any taxabile distributions under section 49667 9a Did the paymoring organizations maintaining donor advised funds. Did a donor accessed fund maintained by the sponsoring organization make any taxabile distributions under section 49667 9a Did the position of the companization of the section of the companization file form 99	b	If "Yes," enter the name of the foreign country			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax she ter transaction? 5	_				
If "Yes," to line 5a or 5b, did the organization file Form 8986-T7 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict arry contributions that were not tax deductible as characterized contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 10 Did the organization receive a payment in excess of \$75 male partly as a contribution and partly for goods and services provided to the payor? 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 Did the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8292? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 12 Did the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 8999 as required? 12 Did the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C? 13 Did the sponsoring organizations maintaining donor advised funds. 14 Did the sponsoring organization make any taxele distribution under section 4966? 25 Sponsoring organizations maintaining donor advised funds. 26 Did the sponsoring organization make any taxele distribution under section 4966? 27 Did the sponsoring organization make any taxele distribution with the organization may be any taxeled device the section 501(c)(2) organizations. Effect 27 Did the sponsoring organization make any taxeled device					
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Tell No Tell Te	d	If "Yes," indicate the number of Forms 8282 filed during the year			
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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? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did Section 501(c)(7) organizations. Enter 1 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12 11 Section 501(c)(12) organizations. Enter 12 Gross income from members or shareholders 13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 If "Yes," enter the amount of rax-exempt interest received or accrued during the year 15 Note. See the instructions for additional information the organization must report on Schedule O 13 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 1	g		7g		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders					
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders					
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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		against amounts due or received from them)			
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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	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
which the organization is licensed to issue qualified health plans	а		13a		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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?		250			
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?					No
parachute payment(s) during the year?			14b		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	parachute payment(s) during the year?	15		No
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		lınes 🗸
Se	ection A. Governing Body and Management			
	Scion At Governing Body and Planagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	10		
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	ther 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supe of officers, directors or trustees, or key employees to a management company or other person?	rvision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	, 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	. 6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	more 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, persons other than the governing body?	or 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye the following	ear by		
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	. 8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	. 9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code	≘.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia and branches to ensure their operations are consistent with the organization's exempt purposes?	ites,		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11 a		No
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risconflicts?	e to 12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Schedule O how this was done	ın 12 c	Yes	
13	Did the organization have a written whistleblower policy?	. 13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independence persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	lent		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	1
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			

Page 6

16a

16b

Νo

Form **990** (2019)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

List the states with which a copy of this Form 990 is required to be filed▶

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

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s) only) available for public inspection. Indicate how you made these available. Check all that apply

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

State the name, address, and telephone number of the person who possesses the organization's books and records ►ELIZABETH WHITFORD 801 23RD AVENUE SOUTH STE A SEATTLE, WA 98144 (206) 323-2396

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

17

20

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the	persons above									
Check this box if neither the organization no	r any related or	ganızat	:ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne bo	ox, u an of tor/t	ot che unles fficer trust	<u> </u>	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) MARIELA BARRIGA PRESIDENT	4 00	Х		х				0	0	0
(2) SCOTT CALDWELL VICE-PRESIDENT	2 00	х		x				0	0	0
(3) STEPHANIE THOMSEN TREASURER	2 00	х		x				0	0	0
(4) CEIL ERICKSON SECRETARY	2 00	х		x				0	0	0
(5) JANICE D'AMATO BOARD MEMBER	2 00	х						0	0	0
(6) JORDAN LYON BOARD MEMBER	2 00	х						0	0	0
(7) JIM PUGEL BOARD MEMBER	2 00	х						0	0	0
(8) SADE SMITH BOARD MEMBER	2 00	х						0	0	0
(9) SUKHI DHAWLIWAL BOARD MEMBER	2 00	х						0	0	0
(10) NICOLE YOHALEM BOARD MEMBER	2 00	х						0	0	0
(11) JODI ROSENTWEIG BOARD MEMBER	2 00	х	 					0	0	0
(12) ELIZABETH WHITFORD CEO	40 00			х				130,305	0	5,425
(13) JACQUELINE JAINGA-HYLLSETH CPQO	40 00			х				113,229	0	3,617
(14) CHRISTINA HANNAN DIRECTOR OF FO	40 00			х				26,678	0	1,124
(15) LIZ DIRECTOR DIRECTOR OF FA	40 00			x				51,125	0	2,792
				<u> </u>	_					

Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (C) (B) (D) (F) Reportable Name and title Average Position (do not check more Reportable Estimated

hours per week (list any hours			n off	ficer	and a		compensation from the organization	compensation from related organizations	amount of other compensation from the
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations

		1	l					
1b Sub-Total				•	>			
d Total (add lines 1b and 1c)	 		_		▶ -	321,337	0	12,958

1b Sub-Total												
c Total from continuation sheets to Pa	art VII, Section	Α				>						
d Total (add lines 1b and 1c)						▶		321,337	0	12,958		

of reportable compensation from the organization > 2

compensation from the organization ▶ 0

1b Sub-Total												
c Total from continuation sheets to Pa	art VII, Section	Α				▶[

1b Sub-Total												
c Total from continuation sheets to Part VII, Section A												
d Total (add lines 1b and 1c)						▶		321,337	0	12,958		

1b Sub-Total					>				
c Total from continuation sheets to Pa	art VII, Section	Α			▶ [
d Total (add lines 1b and 1c)					•	321,337		0	12,958
7 Tabal musahan af mahundusla / mahudus	been made learning at		- 14.	 		 	#100 000	•	

1b Sub-1	1b Sub-Total												
c Total	c Total from continuation sheets to Part VII, Section A												
d Total	(add lines 1b and 1c)						▶		321,337	0		12,958	
2 Tota	al number of individuals (including	but not limited	to thos	e liste	ed a	bove	e) who	rece	eived more than \$	100,000			

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

3	line 1a? If "Yes," complete Schedule J for such individual	3	No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		No	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	_		

4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	ĺ	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			

	mundan	4	No						
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No						
S	ection B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year.								

- 56	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year								
(A) (B) (C) Name and business address Description of services Compensation									

Form **990** (2019)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part		Statement	of E	Pavanua						Page 9
rail	VIII				racno	nse or note to an	y line in this Part VIII			П
		CHECK II SCHEC	auie	O contains a	з тезро	inse of note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	14.	a Federated campa	uana	,	1-	195,000		revenue		512 - 514
st st					1a	193,000				
ran oui		b Membership dues		•	1b					
s, G Am		c Fundraising even			1c					
ifts		d Related organiza			1d					
3, E		e Government grants		·	1e	5,067,222				
Contributions, Gifts, Grants and Other Similar Amounts		 All other contribution and similar amounts 	ns, g s not	ıfts, grants, ıncluded	1f	2,591,628				
		above Noncash contributio	ne in	cluded in		2,331,020				
		lines 1a - 1f \$	1115 111	cidded iii	1 g					
Contand		h Total. Add lines	1a-1	f			7 952 950			
						Business Code	7,853,850			
	2a	PROGRAM FEES				611710	466,161	466,161		
<u> 1</u>						811710				
۲٠ ۲۰	Ь	•								
Program Service Revenue										
ΑC	C	·								
3	d	I								
an										
ıßo.	e	•								
4	£	All other program	cory	ice revenue						
		Total. Add lines 2				466,161				
		Investment income					. 1		T	
	9	sımılar amounts) .				1	14,57	4		14,574
		Income from invest	men	t of tax-exe	mpt bo	ond proceeds i	▶			
	5	Royalties	_				<u> </u>			
				(ı) Rea	al	(II) Personal	_			
	6a	Gross rents	6a							
	b	Less rental	6b							
	_	expenses Rental income	OB				_			
	٠	or (loss)	6с							
	•	Net rental income	or	(loss)		,				
				(ı) Secur	ities	(II) Other	_			
	7 <i>a</i>	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less cost or	7b							
		other basis and sales expenses								
	_	Gain or (loss)	7c							
		d Net gain or (loss)					_			
•		Gross income from fu								
nue		(not including \$ contributions reported	d on	of line 1c)						
₹		See Part IV, line 18			8a					
Other Revenue	ŀ	Less direct expen	ses		8b					
her	•	Net income or (los	s) fr	om fundrais	ing eve	ents 🕨	<u> </u>			
	Q۵	Gross income from	gam	ing activities						
	Ja	See Part IV, line 19	•	• •	9a					
	ŧ	Less direct expen	ses		9b					
	•	Net income or (los	s) fr	om gaming	activiti	es 🕨	<u> </u>			
	10	a Gross sales of inve		n, loce						
	10.	returns and allowa	nce	y, less	10a					
	ŧ	Less cost of good	s so	ld	10b		7			
	(Net income or (los	s) fr	om sales of	ınvent	ory >	_			
		Miscellaneo	us R	evenue		Business Code				
	11	La								
							1	1		
	ŀ	·								
								1		
	(Ī					
		All other revenue								
	•	e Total. Add lines 1	1a-1	l1d		•				
	12	2 Total revenue. S	ee ır	structions			8,334,58	5 466,163	1	0 14,574
							, , , , , ,	,20	•	Form 990 (2019)

b Legal

c Accounting

d Lobbying .

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

g Other (If line 11g amount exceeds 10% of line 25, column

f Investment management fees . .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

a SUPPLIES

d DUES

14 Information technology

20 Interest 21 Payments to affiliates . . .

expenses on Schedule O)

b EQUIPMENT RENTAL

c MISCELLANEOUS

e All other expenses

14,541

17,415

6,873

5,331

8,785

137

113

359

2,268

1,354

1,647

2,888

189,158

Form 990 (2019)

91,041

38,383

2,663

11,374

39,162

1,113

1,108

1,599

8,427

4,364

14,533

487,924

0

10m 990 (2019)				Page 10
Part IX Statement of Functional Expenses		All II		(0)
Section 501(c)(3) and 501(c)(4) organizations must c		-		` ′ —
Check if Schedule O contains a response or note to an	y line in this Part IX			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,656,004	3,656,004		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	334,294	137,060	161,872	35,362
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,410,341	2,248,819	85,102	76,420
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	31,378	28,493	1,886	999
9 Other employee benefits	199,256	188,281	5,635	5,340
10 Payroll taxes	235,885	206,897	19,662	9,326
11 Fees for services (non-employees)				
a Management				

91,041

36,000

14,541

630,078

37,039

35,543

335,368

112,856

20,960

14,206

199,066

61,523

31,209

6,069

8,492,657

36,000

574,280

27,503

18,838

287,421

111,606

19,739

12,248

188,371

55,805

15,029

3,181

7,815,575

Form 990 (2019)

12

13

14

15

23

24

25

26

27

28

31

32

33

Fund Balances

ō 29

Assets 30 Intangible assets .

12 13

14

15

23

24

25

26

27

28

29

30

31

32

33

474.158

558,815

2,971,681

3,530,496

4,004,654

Page **11**

13,106

373.951

368,145

3,000,279

3,368,424

3,742,375

Form 990 (2019)

Beginning of year End of year 462,467 1 446,929 Cash-non-interest-bearing 1,013,500 2 2 Savings and temporary cash investments .

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

Investments—other securities See Part IV, line 11 .

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11 .

1,223,027 2,387,286 3 1,964,376 3 Pledges and grants receivable, net . 106.652 78,328 Accounts receivable, net 4 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 entity or family member of any of these persons

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . .

Assets 8 Inventories for sale or use . Prepaid expenses and deferred charges . 34,749 9

12,983 10a Land, buildings, and equipment cost or other 10a 33,366 basis Complete Part VI of Schedule D 10b 29,740 10c 3,626 **b** Less accumulated depreciation 11 Investments-publicly traded securities . 11

	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,004,654	16	3,742,375
	17	Accounts payable and accrued expenses	430,636	17	373,951
	18	Grants payable		18	
	19	Deferred revenue	43,522	19	0
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

No

Form 990 (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

THE STATEWIDE PROGRAM QUALITY INITIATIVE WORKS TO ENSURE THAT AFTERSCHOOL AND YOUTH DEVELOPMENT PROGRAMS MEET HIGH QUALITY STANDARDS OF

Software Version: **EIN:** 46-0809713

Name: SCHOOL'S OUT WASHINGTON

Form 990 (2019)

Form 990, Part III, Line 4a:

PRACTICE THROUGH ASSESSMENT, TRAINING, COACHING AND CAPACITY BUILDING

Form 990, Part III, Line 4b: OUR GRANTMAKING PROGRAM SUPPORTS EXPANDED LEARNING OPPORTUNITIES THROUGHOUT THE STATE CURRENTLY, WE PROVIDE GRANTS IN THE SUMMER WITH OUR FEED YOUR BRAIN GRANT, THROUGHOUT THE SCHOOL YEAR FOR SUPPORTING FIRST YEAR REFUGEE YOUTH WITH OUR REFUGEE SCHOOL IMPACT PROGRAM, AND

IN KING COUNTY THROUGH THE BEST STARTS FOR KIDS OUT OF SCHOOL TIME PROGRAM

Form 990, Part III, Line 4c: SCHOOL'S OUT WASHINGTON IS AN INTERMEDIARY ORGANIZATION WORKING TO ENSURE ALL YOUTH HAVE SAFE PLACES TO LEARN AND GROW WHEN NOT IN SCHOOL

WE DO NOT DIRECTLY SERVE YOUTH, BUT INSTEAD PROVIDE AFTERSCHOOL AND YOUTH DEVELOPMENT PROVIDERS, COMMUNITIES, AND DECISION MAKERS WITH THE

RESOURCES, TOOLS, SKILLS, AND KNOWLEDGE THEY NEED TO SUPPORT YOUTH IN ACHIEVING POSITIVE OUTCOMES IN SCHOOL AND IN LIFE

efile GRAPHIC print - DO N			1t - DO NO	F PROCESS	As Filed Data -			3493153001350	
SCI		ULE A		Public (Charity Statu			ort	OMB No 1545-0047
990I	EZ)			•	4947(a)(1) nonexe	empt charitable	trust.		2019
		f the Treasury	▶ 6	io to <u>www.irs</u>	► Attach to Form <u>a.gov/Form990</u> for i			ormation.	Open to Public Inspection
Nam	e of tl	he organiza UT WASHINGTO						Employer identific	ation number
00110								46-0809713	
	rt I				us (All organization : it is (For lines 1 thro			See instructions.	_
1	n ganiz		•		•	•		/A\/:\	
_		·		•	sociation of churches				
2	Ш				1)(A)(ii). (Attach Scl	,	, ,		
3		·	·	•	vice organization desc			•	
4		A medical r name, city,		nization operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓	section 17	'0(b)(1)(A)(vi). (Complete	•			init or from the genera	al public described in
8			•		170(b)(1)(A)(vi)	, ,	•		
9		non-land gi	rant college of	agriculture S	escribed in 170(b)(1) ee instructions Enter	the name, city, a	and state of the	college or university	
10		from activit	ies related to income and i	its éxempt fun inrelated busin	(1) more than 331/39 actions—subject to cer ess taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its su	•
11		An organiza	ation organize	d and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations d	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box
a		organizatio	n(s) the powe		ated, supervised, or cappoint or elect a majo				
b		Type II. A manageme	supporting or nt of the supp	ganization sup orting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally i		and C. supporting organizatio ions) You must com				ted with, its
d		Type III n functionally	on-function	ally integrated he organization	d. A supporting organ n generally must satis t IV, Sections A and	Ization operated fy a distribution	in connection wi	th its supported orgar	` '
e		Check this	box if the org	anızatıon receiv	ved a written determin integrated supporting	nation from the I		pe I, Type II, Type II	functionally
f	Enter			organizations	J	. 3			
g	Provi	de the follow	ıng ınformatı		pported organization(s)			
	(i)	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota					nstructions for	Cat No 11285		 Schedule A (Form 9	

17a 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

organization

instructions

supported organization

▶□

Schedule A (Form 990 or 990-EZ) 2019

P		upport Schedule for						
	(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.)							
			qualify under t	ne tests listed i	pelow, please co	omplete Part II.)	
56	ection A. Pub	ndar year			1			T
		r beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		contributions, and						
		ees received (Do not						
_		nusual grants ")						
2		from admissions, sold or services						
		facilities furnished in						
		at is related to the						
	organization's	tax-exempt purpose						
3		from activities that are						
		ed trade or business						
4	under section Tax revenues	F						
-		benefit and either paid						
		d on its behalf						
5		ervices or facilities						
		governmental unit to						
		on without charge						
6	Total. Add line	-						
/a		ded on lines 1, 2, and m disqualified persons						
b		ded on lines 2 and 3						
_		other than disqualified						
		exceed the greater of						
		of the amount on line						
_	13 for the yea Add lines 7a a							
8		rt. (Subtract line 7c						
0	from line 6)	it. (Subtract line / c						
Se	ection B. Tota	al Support				•		
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal
		r beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts fron	n line 6						
L0a		from interest,						
		yments received on						
		ns, rents, royalties and similar sources						
b		siness taxable income						
_		511 taxes) from						
		equired after June 30,						
	1975							
_	Add lines 10a							
11		rom unrelated business						
		included in line 10b, ot the business is						
	regularly carr							
12		Do not include gain or						
		sale of capital assets						
	(Explain in Pa							+
13	11, and 12)	rt. (Add lines 9, 10c,						
14	First five yea	a rs. If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,
•		and stop here		, ,	, ,	•	()()	▶ □
Se		nputation of Public S	Support Perce	ntage				
15		percentage for 2019 (lin			column (f))		15	
16	• •	: percentage from 2018 S		•	(//		16	
		nputation of Investr					1 -0	
17		come percentage for 201			line 13. column (f	f))	17	
		come percentage from 20	,		25, 201411111 (1	• / /		
18				·	on line 14	aa 1 E ja waana 41	18 22 1/20/ and l	na 17 ia
		ort tests—2019. If the						_
		/3%, check this box and s	-					▶□
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_
	not more than	n 33 1/3%, check this box	and stop here.	The organization (qualifies as a publ	licly supported org	anızatıon	▶□
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

			Yes	No
•	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	1		
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			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
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		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
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		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
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		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
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 12a or 12b in Part I, answer (b) and (c) below			

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b	1	
С	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 12a or 12b ın Part I, answer (b) and (c) below	4a		
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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a		
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			
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?	5b	1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

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

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

than (1) its supported organizations. (11) 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

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

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

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

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

provide detail in Part VI.

answer line 10b below

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

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

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
•	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	_		
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	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 the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	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)			
	D	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

3b

Page **6**

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E				
	Section 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			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1			
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1 b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	Section C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

Total annual distributions. Add lines 1 through 6	
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
Distributable amount for 2019 from Section C, line 6	

8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI)			

details in Part VI) See instructions	ilcii tile organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			

(see instructions)	Excess Distributions	Pre-2019	Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
 Carryover from 2014 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		

j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract		

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		
7 Excess distributions carryover to 2020. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		

Schedule A (Form 990 or 990-EZ) (2019)

a Excess from 2015. **b** Excess from 2016. **c** Excess from 2017.

d Excess from 2018. e Excess from 2019.

Additional Data

Software ID: Software Version:

EIN: 46-0809713

Name: SCHOOL'S OUT WASHINGTON

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, 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 and 2, Part IV, Section C, line 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 V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

instructions)				•	•	•	•			
Facts And Circumstances Test										

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493153001350

Open to Public

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

EZ)

(Form 990 or 990-

▶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.

Inspection

•	Section 527 organizations Complet	501(c)(3)) organizations Complete Parts te Part I-A only		·	
• • f the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax	ection 501(h)) Conder section 501(h	omplete Part II-A Do not o)) Complete Part II-B Do	omplete Part II-B not complete Part II-A
	Section 501(c)(4), (5), or (6) organiz	**			
	me of the organization HOOL'S OUT WASHINGTON			Employer ide	ntification number
				46-0809713	
Par	rt I-A Complete if the orga	nization is exempt under section	n 501(c) or is	a section 527 organ	ization.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	npaign activities ir	Part IV (see instructions	for definition of
2	Political campaign activity expend	litures (see instructions)		>	\$
3	Volunteer hours for political camp	paign activities (see instructions)			
Par	rt I-B Complete if the orga	nization is exempt under section	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955	>	\$
2	Enter the amount of any excise ta	ax incurred by organization managers u	nder section 4955	•	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	:his year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Pai	rt I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3).
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund olitical organization, such	s Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
1					
5					
5					
or F	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2019

PART II-B, LINE 1

LOCAL LEVEL

Eor (Form 5768 (election under section 501(h)). each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)		(b)	_
ror e activi		Yes	No] ,	Amoun	nt
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?	. J	No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
c	Media advertisements?		No	1 _		_
d	Mailings to members, legislators, or the public?	Yes				8,103
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?	,	No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			4	44,103
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	,	No			_
j	Total Add lines 1c through 1i	,			5	52,206
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	·'	No			
b		,,		1		
С	, , , , , , , , , , , , , , , , , , , ,	, ,				
d	3 3	'	1			
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti	ion		
		_		'	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	1	$oxed{oxed}$	Щ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Ļ	2	igsquare	<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	ليسا	<u></u>
Par	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				;01(c)(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	· ·	2a				
b	,,,	2b				
С		2 c				_
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	Part IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), l structions), and Part II-B, line 1 Also, complete this part for any additional information	Part II-	-A, lines	1 an	d 2 (se	 зе
	Return Reference Explanation					
,└──	TALD LINE 4	IDTLIER	EVDAN	<u></u>	EARNIT	

MET WITH LOCAL REPRESENTATIVES AND COALITIONS TO DISCUSS AND FURTHER EXPANDED LEARNING OPPORTUNITIES AND ENCOURAGE GOVERNMENT INVOLVEMENT AND FUNDING AT THE NATIONAL, STATE,

DLN: 93493153001350

OMB No 1545-0047

2019

SCHEDULE D (Form 990)

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.

	rtment of the Treasury nal Revenue Service	► Go to <u>www.irs.gov/Forn</u>	► Attach to Form : 1990 for instruction		rmatio	Open to Public Inspection
	me of the organ				Emp	ployer identification number
SCI	HOOL'S OUT WASHIN	IGTON			46-0	0809713
Pa		zations Maintaining Donor Advi te if the organization answered "Ye			or Acc	counts.
	Complex	to it the organization anomerous to		advised funds		(b) Funds and other accounts
1	Total number at	end of year	, ,			
2	Aggregate value	of contributions to (during year)				
3	Aggregate value	of grants from (during year)				
4	Aggregate value	at end of year				
5 6	organization's pi	ation inform all donors and donor adviso roperty, subject to the organization's ex ation inform all grantees, donors, and do uses and not for the benefit of the donor	clusive legal contro onor advisors in writ	? :ing that grant funds can	be use	\square Yes \square No ed only for
	private benefit?					☐ Yes ☐ No
Pa		vation Easements.				
		te if the organization answered "Ye	· ·	·		
1		onservation easements held by the organ	,			
	_	on of land for public use (e g , recreation	n or education)	_		rically important land area
	☐ Protection	of natural habitat		☐ Preservation of a	certifie	ed historic structure
	Preservation	on of open space				
2		2a through 2d if the organization held a e last day of the tax year	qualified conservati	on contribution in the fo	rm of a	a conservation Held at the End of the Year
а	Total number of	conservation easements			2a	
b	Total acreage res	stricted by conservation easements			2b	
c	Number of conse	ervation easements on a certified histori	c structure included	In (a)	2c	
d		ervation easements included in (c) acqui n the National Register	red after 7/25/06, a	and not on a historic	2d	
3	Number of consetax year ►	ervation easements modified, transferre	d, released, extingu	uished, or terminated by	the or	ganization during the
4	Number of state	es where property subject to conservation	n easement is locat	ed ▶		
5	Does the organiz	zation have a written policy regarding th	ne periodic monitori	ng, inspection, handling	of viol	— ations,
	and enforcemen	t of the conservation easements it holds	5?			☐ Yes ☐ No
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of vi	olations, and enforcing c	onserv	ation easements during the year
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violatio	ns, and enforcing conser	vation	easements during the year
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the r	equirements of section 1	.70(h)((4)(B)(ı)
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the i's accounting for conservation easemen	footnote to the org			atement, and
Pai	rt IIII Organi:	zations Maintaining Collections te if the organization answered "Ye	of Art, Historica		ner Si	milar Assets.
1a	If the organization	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	6 (ASC 958), not to public exhibition, e	report in its revenue sta ducation, or research in		
b	If the organization	on elected, as permitted under SFAS 11 res, or other similar assets held for pub	6 (ASC 958), to rep	ort in its revenue staten		•
	_	led on Form 990, Part VIII, line 1				▶ \$
		ın Form 990, Part X				• •
•	-	•	cal troacurae or ath	or cimilar accete for fire	neial -	r p
2		on received or held works of art, histori its required to be reported under SFAS :			ancial G	gain, provide the

Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Cat No 52283D

d Equipment .

Sche	dule D (Form 990) 2019										Page 2
Par	t IIII Organizations Maintaining Col	lections c	of Art, Hist	orical T	reası	ires, oi	r Other S	imilar As	sets (conti	nued)	
3	Using the organization's acquisition, accession items (check all that apply)	n, and other	records, che	eck any of	the fo	llowing t	hat are a s	ignificant u	se of its coll	ection	
а	Public exhibition			d 🗌	Loan	or exch	ange progra	ams			
b	☐ Scholarly research			e 🗌	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's col Part XIII	lections and	explain how	they furt	her the	e organiz	zation's exe	mpt purpos	se in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to			•				ar	☐ Yes	□N	0
Par	t IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		" on Form 9	990, Par	t IV, lı	ne 9, o	r reported	an amou	nt on Forn	າ 990,	Part
1 a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other	ıntermedıary	for contr	ibution	s or othe	er assets no	ot	п.,		
									⊔ Yes	⊔ N	0
ь	If "Yes," explain the arrangement in Part XIII	and comple	ete the follow	ına table				Aı	mount		_
c	Beginning balance	,		,			1c				_
d	Additions during the year						1d				_
е	Distributions during the year						1e				_
f	Ending balance						1f				_
2a	Did the organization include an amount on Fo	orm 990, Par	t X, line 21,	for escro	w or cu	stodial a	ccount liab	ılıty?	Yes	N	— о
Ь	If "Yes," explain the arrangement in Part XIII	Check her	e if the expla	nation ha	s been	provide	d ın Part XI	II			
	rt V Endowment Funds.										
	Complete if the organization answ	vered "Yes	on Form 9	990, Par	t IV, lı	ne 10.					
		(a) Currer	nt year (b) Prior ye	ar	(c) Two y	ears back (d) Three yea	rs back (e)	Four yea	rs back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end	l balance (lın	e 1g, colu	ımn (a)) held a	S				_
а	Board designated or quasi-endowment >										
b	Permanent endowment ▶										
С	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100	0%								
3a	Are there endowment funds not in the posses	sion of the	organization	that are l	neld an	d admın	stered for t	:he			
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" on 3a(II), are the related organization		•		٠,				3b		
4	Describe in Part XIII the intended uses of the		n's endowme	ent runas							
' 61	t VI Land, Buildings, and Equipment Complete if the organization answ		" on Form (990 Par	+ T\/ -	ne 11a	See Forn	1 990 Da	rt X line 1	0	
	Description of property (a) Cost or oth (investment)	her basıs	(b) Cost or o				umulated de			ook valu	e
1-	Land										
	Land										
D	Buildings				1 066			1.066			

28,400

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

3,626

3,626

24,774

	(Form 990) 2019					Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV Ju	ne 11h	See Form 990 F	Part X line	12
	(a) Description of security or category	(b)	110	(c) Metho	d of valuation	n
	(including name of security)	Book value		Cost or end-of	year marke	t value
(1) Financia	al derivatives					
	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Part VIII	Investments—Program Related.	•				
	Complete if the organization answered 'Yes' on Form 990,	Part IV, lı	ne 11c		Part X, line	e 13.
	(a) Description of investment			(b) Book value		nod of valuation nd-of-year market
					2032 01 01	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets.		•			
Turcix	Complete if the organization answered 'Yes' on Form 990,	Part IV, lır	ne 11d.	See Form 990, Par		
/4)	(a) Description					b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total (Colu	ımn (b) must equal Form 990, Part X, col (B) line 15)				•	
Part X						
	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability		ne 11e	or 11f.See Form	990, Part	X, line 25. (b) Book value
1. (1) Federal	Income taxes	Ly				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)			_		
	or uncertain tax positions In Part XIII, provide the text of the footnot					
organization	s's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of	the footnote has be	en provided	lın Part XIII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 4

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part XI

4b b Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 8,334,585

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 8,496,657 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b

2c c 2d Other (Describe in Part XIII) 4,000 Add lines 2a through 2d 4,000 2e

3 8,492,657 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a

4b Add lines **4a** and **4b** 4c

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5

5 Part XIII Supplemental Information

8.492.657 Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation

See Additional Data Table

Page 5		chedule D (Form 990) 2019	
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	

Schedule D (Form 990) 2019

Additional Data

Software Version:

EIN: 46-0809713

Name: SCHOOL'S OUT WASHINGTON

Supplemental Information

Software ID:

Return Reference

Explanation LOSSES ON UNCOLLETIBLE PLEDGES 4,000

ADJUSTMENTS

DLN: 93493153001350 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number SCHOOL'S OUT WASHINGTON 46-0809713 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Inform	ation. Provide the inform	ation required in Part I,	line 2; Part III, colum	in (b); and any other additiona	al information.

Schedule I (Form 990) 2019

Additional Data

110

SEATTLE, WA 98106 AUBURN SCHOOL DISTRICT

AUBURN, WA 98002

915 4TH ST NE

Software ID: Software Version:

91-6001640

EIN: 46-0809713

Name: SCHOOL'S OUT WASHINGTON

147,897

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash

SCHOOL DISTRICT

organization	if applicable	grant	cash	(book, FMV, appraisal,	
or government			assistance	other)	

(e) Amount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant or assistance

OST GRANT

BEST START FOR KIDS

BEST START FOR KIDS

OST GRANT, REFUGEE

SCHOOL IMPACT PROGRAM GRANT

ARTS CORPS 91-2044679 501(C)(3) 117,973 4408 DELRIDGE WAY SW STE

non-cash assistance

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BELLEVUE SCHOOL DISTRICT 91-6001637 SCHOOL DISTRICT 175,418 BEST START FOR KIDS

NO 405					OST GRANT
PO BOX 90010					
BELLEVUE, WA 980099010					
BOYS & GIRLS CLUBS OF	91-0776451	501(C)(3)	45,500		BEST START

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

209 100TH AVE NE BELLEVUE, WA 980045625

ART FOR KIDS BELLEVUE LOST GRANT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 91-0583891 501(C)(3) 35,330 BEST START FOR KIDS CENTRO RENDU OF ST LOCK CRANE

SEATTLE, WA 981083208					OSI GRANI
CHILDREN'S HOME SOCIETY OF WASHINGTON	91-0575955	501(C)(3)	5,000		FEED YOUR GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

R BRAIN 1612 PENNY LN WALLA WALLA, WA 993624477

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7438529 501(C)(3) 98.958 BEST START FOR KIDS CHINESE INFORMATION AND

OST GRANT

SEATTLE, WA 98104				
611 S LANE ST				
SERVICE CENTER				OST GRANT

1055 S GRADY WAY

RENTON, WA 980573232

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CITY OF RENTON 91-6001271 IGOVERNMENT AGENCY 95.970 IBEST START FOR KIDS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 74.428 IBEST START FOR KIDS CITY OF SEATTLE 91-6001275 GOVERNMENT AGENCY

100 DEXTER AVE N LOST GRANT SEATTLE, WA 98109 COALITION FOR REFUGEES 27-1458930 501(C)(3) 46.162 BEST START FOR KIDS

FROM BURMA LOST GRANT 1265 S MAIN ST STE 309

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 91-2138852 501(C)(3) 100.000 BEST START FOR KIDS EAST AFRICAN COMMUNITY SERVICES LOST GRANT

7054 32ND AVE S SUITE 207 SEATTLE. WA 98118 **EMPOWERING YOUTH &** 02-0553368 501(C)(3) 80.338

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 981184447

BEST START FOR KIDS FAMILIES OUTREACH LOST GRANT 8172 RAINIER AVE S

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FEDERAL WAY SCHOOL 91-6001624 SCHOOL DISTRICT 54 915 REFLIGEE SCHOOL

DISTRICT 33330 8TH AVE S FEDERAL WAY, WA 98003	31 000102+	SCHOOL DISTRICT	34,513			IMPACT PROGRAM GRANT
FILIPINO COMMUNITY OF SEATTLE	91-6055858	501(C)(3)	98,047		I	BEST START FOR KIDS OST GRANT

5740 MARTIN LUTHER KING JR SWAY S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance GEEKING OUT KIDS OF COLOR 47-4257834 501(C)(3) 44.148 IBEST START FOR KIDS 3715 S HUDSON ST STE 102 LOST GRANT

3715 S HUDSON ST STE 102
SEATTLE, WA 98118

GRAND COULEE DAM SCHOOL 91-0919162 SCHOOL DISTRICT 5,000
DISTRICT 5,000
FEED YOUR BRAIN GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

110 STEVENS AVE COULEE DAM, WA 99116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 91-6001631 SCHOOL DISTRICT 43.700 HIGHLINE SCHOOL DISTRICT REFUGEE SCHOOL IMPACT PROGRAM

15675 ANBAUM BLVD SW GRANT BURIEN, WA 98166 IRAOI COMMUNITY CENTER OF 61-1729234 501(C)(3) 100,000 BEST START FOR KIDS

WASHINGTON LOST GRANT 10610 SE KENT-KANGLEY RD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KENT, WA 980307210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 91-6001557 SCHOOL DISTRICT 41.826 KENNEWICK SCHOOL REFUGEE SCHOOL DICTRICT IMPACT PROGRAM

140.513

GRANT

GRANT

REFUGEE SCHOOL

IMPACT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SCHOOL DISTRICT

DISTRICT
1000 W 4TH AVE
KENNEWICK, WA 99336
KENT SCHOOL DISTRICT

12033 SE 256TH ST

KENT, WA 98030

91-6001646

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7090029 501(C)(3) 138.252 BEST START FOR KIDS KENT YOUTH AND FAMILY SERVICES LOST GRANT

232 2ND AVE S STE 201 KENT. WA 98032 KIDSQUEST CHILDREN'S 91-1828830 501(C)(3) 32.367 BEST START FOR KIDS

MUSEUM LOST GRANT 1116 108TH AVE NE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BELLEVUE, WA 980044321

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

BEST START FOR KIDS

OST GRANT

LIFE ENRICHMENT GROUP 5203 37TH AVE S SEATTLE, WA 981186115	65-1278853	501(C)(3)	98,667		BEST START FOR KIDS OST GRANT

92.950

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

LIVING WELL KENT

10605 SE 240TH ST 232 KENT, WA 980314903 81-4451307

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 91-1138664 SCHOOL DISTRICT 5.000 METHOW VALLEY SCHOOL FEED YOUR BRAIN DISTRICT GRANT

GRANT

DISTRICT

18 TWIN LAKES RD

WINTHROP, WA 988629713

MT ADAMS SCHOOL DISTRICT

91-0761272

SCHOOL DISTRICT

5.000

FEED YOUR BRAIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

621 SIGNAL PEAK RD

WHITE SWAN, WA 989520578

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 91-0568305 501(C)(3) 180.031 BEST START FOR KIDS NEIGHBORHOOD HOUSE 1225 S WELLER ST STE 510 LOST GRANT

SEATTLE, WA 981441906 NEWPORT CONSOLIDATED 91-1036287 SCHOOL DISTRICT 5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEWPORT, WA 991560070

FEED YOUR BRAIN SCHOOL DISTRICT #56 GRANT PO BOX 70

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-1206272 501(C)(3) 100.000 IBEST START FOR KIDS OPEN DOORS FOR

OST GRANT

MULTICULTURAL FAMILIES LOST GRANT 24437 RUSSELL RD STF 110 KENT, WA 980321786 47-4257834 501(C)(3) 44.148 BEST START FOR KIDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RAINER VALLEY CORPS

3715 S HUDSON ST STE 102

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SOMALI YOUTH AND FAMILY 27-0377330 501(C)(3) 158,948 BEST START FOR KIDS

OST GRANT

19550 INTERNATIONAL BLVD STE B106 SEATAC, WA 981885426					OSI GRANI
SOUTHWEST YOUTH AND	91-1117862	501(C)(3)	145,473		BEST START FOR KIDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FAMILY SERVICES 4555 DELRIDGE WAY SW SEATTLE, WA 981061379

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 91-6001582 SCHOOL DISTRICT 103.578 SPOKANE SCHOOL DISTRICT REFUGEE SCHOOL

200 N BERNARD ST
SPOKANE, WA 99201

STEM PATHS INNOVATION 47-4188514 501(C)(3) 28,249

NETWORK
OST GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

957 22ND AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

BEST START FOR KIDS

OST GRANT

STIMULATING SUMMERS PO BOX 227	82-5198923	501(C)(3)	5,000		FEED YOUR BRAIN GRANT
					GRAINT
REARDAN, WA 990290227					

90.189

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

TECHBRIDGE GIRLS

OAKLAND, CA 946072538

114 LINDEN ST

27-4162514

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 35-2560809 SINGLE MEMBER LLC 5.000 TENDERCARE CHILDREN'S FEED YOUR BRAIN

OST GRANT

CENTER 1465 POPLAR ST CLARKSTON, WA 994032347				GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

330 SW 43RD ST STE K 232

RENTON, WA 980574944

100.000 THE PASSIAN CENTER 47-1159783 508(C)(1)(A) IBEST START FOR KIDS

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 91-6001638 SCHOOL DISTRICT 55.388 REFUGEE SCHOOL TUKWILA SCHOOL DISTRICT 4640 S 144TH ST IMPACT PROGRAM

(e) Amount of non-

(f) Method of valuation

(q) Description of

(h) Purpose of grant

TUKWILA, WA 98168

URBAN FAMILY CENTER 27-3962439 501(C)(3) 146,302

ASSOICATION 13445 MARTIN LUTHER KING 18 WAY S

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

SEATTLE, WA 981782528

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance VIETNIAMECE EDIENDOLID 01-1122522 E01/C1/31 22 222 BEST START FOR KIDS

OST GRANT

SEATTLE, WA 981181729
3829B S EDMUNDS ST
ASSOCIATION SI-1122332 SOI(C)(S) SS,333

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3722 S HUDSON ST

SEATTLE, WA 98118

91-1586900 501(C)(3) 99.472 IBEST START FOR KIDS WAPI COMMUNITY SERVICES

organization or government if applicable grant cash assistance (book, FMV, appraisal, other) or assistance or assi

(e) Amount of non-

(f) Method of valuation

(q) Description of

(h) Purpose of grant

OST GRANT

SCHOOL DISTRICT
PO BOX 157
WHITE SALMON, WA
986720157

YMCA OF GREATER SEATTLE 91-0482710 501(C)(3) 80,682

BEST START FOR KIDS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

909 4TH AVE

SEATTLE, WA 98104

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ARTS CORPS 91-2044679 501(C)(3) 5.000 YOUTH DEV EXEC OF

4408 DELRIDGE WAY SW STE KING CO 110 SEATTLE, WA 98106 BOYS & GIRLS CLUB OF KING 91-0532600 501(C)(3) 5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98101

YOUTH DEV EXEC OF KING CO 603 STEWART ST STE 300

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance CITY OF SEATTLE IGOVERNMENT AGENCY 10.000 YOUTH DEV EXEC OF 91-6001275

100 DEXTER AVE N SEATTLE, WA 98109			,		KING CO
COALITION FOR REFUGEES FROM BURMA	27-1458930	501(C)(3)	5,000		YOUTH DEV EXEC OF KING CO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1265 S MAIN ST STE 309 SEATTLE, WA 981442010

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-3181464 501(C)(3) 10.000 YOUTH DEV EXEC OF COMMUNITIES IN SCHOOLS OF FEDERAL WAY KING CO

1825 S 316TH ST STF 101 FEDERAL WAY, WA 98003

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RENTON, WA 98057

91-1689158 501(C)(3) 6.521 YOUTH DEV EXEC OF COMMUNITIES IN SCHOOLS OF RENTON (V) KING CO 1055 S GRADY WAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 91-2138852 501(C)(3) 12.500 EAST AFRICAN COMMUNITY YOUTH DEV EXEC OF

KING CO

SERVICES (V) KING CO 7054 32ND AVE S SUITE 207 SEATTLE, WA 98118 91-0899927 501(C)(3) 5.000 YOUTH DEV EXEC OF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EL CENTRO DE LA RAZA (V) 2524 16TH AVE S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 46-1793603 501(C)(3) 10.000 YOUTH DEV EXEC OF MOTHER AFRICA (V)

1209 CENTRAL AVE S 208 KENT, WA 98032			·			KING CO
PARA LOS NINOS DE HIGHLINE (V) 425 SW 144TH ST	20-0502368	501(C)(3)	10,000		I	YOUTH DEV EXEC OF KING CO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BURIEN, WA 98166

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 83-0396300 501(C)(3) 7.500 REEL GRRLS INC YOUTH DEV EXEC OF

4408 DELRIDGE WAY SW
SEATTLE, WA 98106

SOMALI COMMUNITY 91-1746056 501(C)(3) 5,000

SERVICES OF SEATTLE

KING CO
YOUTH DEV EXEC OF KING CO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

8810 RENTON AVE S SEATTLE, WA 98118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SOMALI PARENTS EDU BOARD 47-4257834 501(C)(3) 10 0001 YOUTH DEV EXEC OF

COUND DISCIPLINE	25 277227	E04(C)(2)	10.000		VOLITIL DEVLEVE
1225 S WELLER ST STE 400 SEATTLE, WA 981441906					
- RAINER VALLEY CORPS		301(0)(3)			KING CO

IYOUTH DEV EXEC OF SOUND DISCIPLINE 25-0779977 501(C)(3) 10.0001 3250 AIRPORT WAY S STE 224 KING CO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

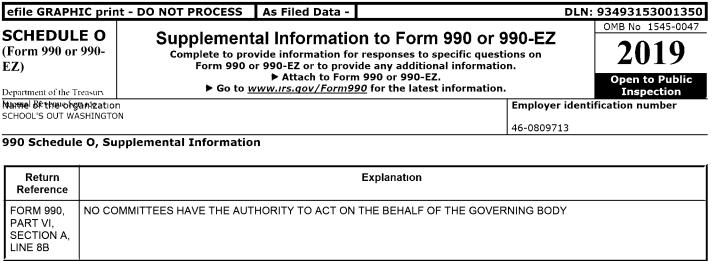
(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

SPACE BETWEEN 140 LAKESIDE AVE STE A 64	81-4546023	501(C)(3)	10,000		1	YOUTH DEV EXEC OF KING CO
SEATTLE, WA 98122						

YOUNG WOMEN EMPOWERED 47-2230647 501(C)(3) 10,000 YOUTH DEV EXEC OF 2524 16TH AVE S STE 301 KING CO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 215,331 TOTAL GRANTS UNDER 5K ISUPPORT OF ALL EACH PROGRAMS



Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, PART VI, SECTION B.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, IS ASKED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING
SECTION B, LINE 12C

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	WE USE THE ARCHBRIGHT 2019 WAGE & BENEFIT SURVEY TO BENCHMARK SALARIES FOR EACH POSITION I
PART VI,	N THE ORGANIZATION THE SALARY FOR CEO EFFECTIVE 1/1/2019 WAS \$128,750 THE BOARD APPROVES
SECTION B,	A BUDGET EACH YEAR FOR A STANDARD SALARY INCREMENT AFTER A SUCCESSFUL PERFORMANCE REVIEW
LINE 15A	FOR EACH POSITION IN 2019 THE SALARY INCREMENT FOR ALL STAFF AVERAGED 2 8%

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 9

FORM 990, LOSSES ON UNCOLLETIBLE PLEDGES AND PROGRAM REVENUE -4,000
PART XI.