Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A</u>	For the	e 2023 calendar year, or tax year beginning , and ending		-			
В	Check if a	pplicable: C Name of organization		D Employe	r identification number		
	Address cl	hange ANACORTES SCHOOLS FOUNDATION					
Ħ	Nama aha	Doing business as] 91-1	263495		
님	Name cha	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	e number		
Ш	Initial retur			360-	488-2343		
	Final return terminated						
H		ANACORTES WA 98221-3728		G Gross red	ceipts \$ 1,217,530		
닏	Amended	F Name and address of principal officer:		_			
Ш	Application	pending TREVA KING	H(a) Is this a gi	roup return for s	subordinates? Yes X No		
		2200 M AVENUE	H(b) Are all su	bordinates inclu	uded? Yes No		
		ANACORTES WA 98221-3728	If "No	," attach a list.	See instructions		
$\overline{}$	Tax-exem						
÷		ITTI ACTITE CODG	11(2) Craur au		_		
<u></u>	Website:		H(c) Group exert Year of formation: 1				
			year of formation: J	.904	M State of legal domicile: WA		
	Part I	Summary					
	1 E	Briefly describe the organization's mission or most significant activities:					
e		EMPOWER AND INSPIRE ALL ANACORTES STUDENTS THROUGH SCHO	LARSHIPS	AND			
an		ENRICHED LEARNING OPPPORTUNITIES.					
Governance							
Š	2 (Check this box if the organization discontinued its operations or disposed of more than 25% of	of its net assets.				
∞ ∞	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	16		
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			16		
Ę	5 7	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		. 5	1		
Activities		Total number of volunteers (estimate if necessary)		١	220		
⋖		Total unrelated business revenue from Part VIII, column (C), line 12			0		
		Net unrelated business taxable income from Form 990-T, Part I, line 11			0		
_	 "	tot uniolated business taxable moone nom rom 500 r, r art i, into rr	Prior Ye		Current Year		
	8 (Contributions and grants (Part VIII, line 1h)	76	7,726	931,309		
ĭe	9 F	Program service revenue (Part VIII, line 2g)		•	0		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	6	6,551	131,745		
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,826	16,919		
		Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,103	1,079,973		
_				4,757	822,079		
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	70	1, /3/	022,019		
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		F 202	67.000		
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	5,283	67,028		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0		
ď	b⊺	Total fundraising expenses (Part IX, column (D), line 25) 11,830	_				
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,787	58,437		
	18 T	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2 , 827	947,544		
		Revenue less expenses. Subtract line 18 from line 12		8,724	132,429		
Net Assets or	<u> </u>		Beginning of Cu		End of Year		
sets	20 T	Total assets (Part X, line 16)	4,69	5,858	5,252,468		
A A	21 7	Total liabilities (Part X, line 26)		0	0		
Ž,	22 N	Net assets or fund balances. Subtract line 21 from line 20	4,69	5,858	5,252,468		
F	Part II	Signature Block					
U	Inder pen	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer	nts, and to the be	st of my kno	wledge and belief, it is		
tr	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledg	e.			
Sig	gn	Signature of officer		Date			
He		RENE VANCE TREASURER					
	-	Type or print name and title					
_		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN		
Pai	d	PATRICIA A. ANDERSON		self-em	□ "		
	parer	WILLIAMS C MILLE DITC CDAIG	- 		91-0593897		
	e Only			Firm's EIN	31-033303/		
Jai	Conny	407 PINE ST			260 226 6611		
_		Firm's address MOUNT VERNON, WA 98273-3853		Phone no.	360-336-6611		
Ma	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No		

Part II	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	П
EMP	iefly describe the organization's mission: POWER AND INSPIRE ALL ANACORTES STUDENTS THROUGH SCHOLARSHIPS AND RICHED LEARNING OPPPORTUNITIES.)
prio	d the organization undertake any significant program services during the year which were not listed on the form 990 or 990-EZ?	Yes X No
	"Yes," describe these new services on Schedule O. d the organization cease conducting, or make significant changes in how it conducts, any program	
serv	rvices? "Yes," describe these changes on Schedule O.	Yes X No
4 Des	escribe the organization's program service accomplishments for each of its three largest program services, as measured by penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	e total expenses, and revenue, if any, for each program service reported.	
SCH	ode:)(Expenses \$ 457,634 including grants of \$ 371,963)(Revenue \$ RIT SCHOLARSHIPS GRANTED TO ANACORTES STUDENTS IN PURSUIT OF POSTHOOL EDUCATION. PRESCHOOL SCHOLARSHIPS GRANTED TO ANACORTES PRESPURSUIT OF A CHILD'S OWN NATURAL DESIRE TO LEARN.	SCHOOLERS
·		
OPPO ENR GRAI	ode:)(Expenses \$ 450,116 including grants of \$ 450,116)(Revenue \$ NANCIAL SUPPORT GIVEN TO THE ANACORTES SCHOOL DISTRICT ENRICHED IN PORTUNITIES. CURRENT PROGRAMS INCLUDE EARLY LEARNING, DISTRICT-VERICHMENT, SOCIAL EMOTIONAL AND MENTAL HEALTH, SUMMER LEARNING, THANTS, THE VISUAL AND PERFORMING ARTS AS WELL AS SCHOOL SUPPLIES AND CKPACKS FOR NEEDY FAMILIES.	VIDE STEM EACHER
4c (Coo)
•		
44 00	har program consists (Describe on Cabadula O.)	
	her program services (Describe on Schedule O.) xpenses \$ including grants of \$) (Revenue \$)
4e Tota	otal program service expenses 907,750	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		х
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
*	election in effect during the tay year? If "Von " complete School Jo C. Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		21
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vos." complete Schodule D. Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment historic land gross or historic structures? If "Vos." complete Schodule D. Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	l		٦,
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		-
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
18	Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII lines to and 902 If "Vos." complete Schodule C. Part II.	18	x	
19		10		
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Didd	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	G. T. W. C.			

	n 990 (2023) ANACORTES SCHOOLS FOUNDATION 91-1263495 art IV Checklist of Required Schedules (continued)		<u> </u>	age 4
- 1 (Official 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			

b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	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		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		Х
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		Х
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	. 38	Х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

Yes

2

0

1a

No

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

reportable gaming (gambling) winnings to prize winners?

Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			20		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)	?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of					
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control	act?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	3899 a	as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a	Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:	ı	ı			
а	***************************************	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	Ι.	r · · · · · · · · · · · · · · · · · · ·	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	۱	I			
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		44-		37
14a						X
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			4.5		х
	excess parachute payment(s) during the year?			15		^
16	If "Yes," see instructions and file Form 4720, Schedule N.			40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16		X
17	If "Yes," complete Form 4720, Schedule O.	c				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would reput in the imposition of an excise tax under section 4051, 4052 or 40532.			17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes" complete Form 6069					

DAA

X

Part VI

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

Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16									
	If there are material differences in voting rights among members of the governing body, or											
	if the governing body delegated broad authority to an executive committee or similar											
	committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with											
	any other officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct											
	of the state of th			3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х						
6	Did the organization have members or stockholders?			6		Х						
7a												
	one or more members of the governing body?			7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,											
	stockholders, or persons other than the governing body?			7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the f	ollowing:									
а	The governing body?			8a	х							
b	Each committee with authority to act on behalf of the governing body?			8b	х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at											
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue Co	de.)								
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,											
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b								
11a												
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"											
	describe on Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			13	X							
14	Did the organization have a written document retention and destruction policy?			14	X							
15	Did the process for determining compensation of the following persons include a review and approval by											
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			15a	X							
b	Other officers or key employees of the organization			15b		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement											
	with a taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its											
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the											
	organization's exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990-T (secti	on 501	(c)									
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy,										
	and financial statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records											
	ENE VANCE 2200 M AVE		=									
Al	NACORTES WA 9822	21	360)-48	8-2.	343						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	bo	(C) Position (do not check more than box, unless person is boy officer and a director/true		s both a or/trustee	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) TREVA KING	10.00									
DDECTDENT	12.00	x		x				0	0	0
PRESIDENT (2) BRIAN ADAMS	0.00	^		^				0	U	0
(2) DICITAL TIBELES	1.00									
VICE PRESIDENT	0.00	x		x				0	0	0
(3) KIM DAVIS										
. ,	2.00									
SECRETARY	0.00	Х		X				0	0	0
(4) RENE VANCE										
	10.00									
TREASURER	0.00	X		X				0	0	0
(5) PAULA BRAR										
	1.00								_	
DIRECTOR	0.00	X				\vdash		0	0	0
(6) JAMES ANDERSON	1 00									
	1.00								_	
DIRECTOR	0.00	X				\vdash		0	0	0
(7) KEVIN BRIGHT	1.00									
DIDECTOR	0.00	x						o	0	0
DIRECTOR (8) RACHEL ESPOSITO	0.00	┢						U	0	0
(6) KACHELL EDIODITO	4.00									
DIRECTOR	0.00	x						0	0	0
(9) TOM KUHN	0.00	<u> </u>							•	
(0) = 0== ==============================	1.00									
DIRECTOR	0.00	x						0	0	0
(10) JASON LEANDER										
, ,	1.00									
DIRECTOR	0.00	Х						0	0	0
(11) GARY MILLER										
	1.00									
DIRECTOR	0.00	X						0	0	0
										Form 990 (2023)

Part VII	Section A. Officers	, Directors, Trus	stee	s, Ke	у Е	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(C) Position (B) (do not check more than one box, unless person is both ar officer and a director/trustee) per week						an	(D) Reportable compensation from the	(E) Reportable compensation from related	Es			
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	compensa from the rganizatio ted organ	ne n and	;
(12)	EG MOURNING	1.00												•
DIRECTOR (13) Si (13)	ARAH NICHOLS	1.00	X						0	0				0
	IM POST	0.00	Х						0	0				0
(14) DIRECTOR (15) Al	RT SHOTWELL	2.00 0.00	х						0	0				0
DIRECTOR		1.00	х						0	0				0
(16) Ci (16) DIRECTOR	ARRIE WORRA	8.00	x						0	0				0
(17) JT (17) EX-OFFIC	USTIN IRISH	1.00	x						0	0				0
(18)									3	3				
(19)														
	alrom continuation shee													
2 Total n	add lines 1b and 1c) umber of individuals (inc ble compensation from t	cluding but not lim	nited	to th	ose	listed	abo	ve)	who received more than \$1	00,000 of				
3 Did the employ	organization list any for ee on line 1a? <i>If "</i> Yes,"	mer officer, dire	ctor, <i>ıle J</i>	trust	ee, k such	ey e indiv	emplo ridual	yee.	, or highest compensated			3	Yes	No X
4 For any organiz individu	y individual listed on line ation and related organi <i>ial</i>	1a, is the sum of the	of rep	ortal \$150	ole c ,000	omp ? <i>If "</i>	ensat 'Yes,'	ion a cor	and other compensation fror mplete Schedule J for such	m the		4		х
5 Did any	y person listed on line 1a	a receive or accr	ue c	ompe	ensat	ion f	rom a	any	unrelated organization or incorrect or such person	dividual		5		x
Section B. II	ndependent Contractor	rs											•	
	nsation from the organization	ation. Report con							ctors that received more that year ending with or within t	the organization's tax year.				
	Name and	(A) business address							Descript	(B) ion of services		Cor	(C) npensati	on
2 Total n	umber of independent co	ontractors (includ	ing b	out n	ot lin	nited	to th	ose	listed above) who					

Form 990 (2023) ANACORTES SCHOOLS FOUNDATION

Part VIII Statement of Revenue

ıu	1	Check if	Sche	edule O conta	ains a	respon	se or note	to any line in this	Part VIII		
						·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t s	1a	Federated camp	aigns		1a						
ran Zun	b	Membership due	s.gs		1b						
آ ۾	C	Fundraising ever	- 4 -		1c		298,368				
ar f	d	Related organiza			1d						
". B	е	Government grants (co			1e						
Sign	f	All other contributions,	gifts, gra	nts,	46		622 041				
ibuti Sthe	g	and similar amounts no Noncash contributions i			1f		632,941				
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			1g		58,903	021 200			
a O	<u>n</u>	Total. Add lines	1a-11				Business Code	931,309			
۵, ا	2a						Dusiness Code				
<u> </u>	b										
종림	С										
eye	d										
Program Service Revenue	е										
	f	All other program									
		Total. Add lines									
	3	Investment incon									
		other similar amo	ounts)	-				134,479	134,479		
	4	Income from inve	estmer	nt of tax-exempt	bond p	roceeds					
	5	Royalties									
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d		e or (lo	oss)							
	/a	sales of assets		(i) Securities		(ii) Other				
		other than inventory	7a	26,	, 450						
ne l	b	Less: cost or other									
Revenue		basis and sales exps.	7b		,184						
8		Gain or (loss)	7c		,734						
Other		Net gain or (loss)			<u></u>			-2,734	-2,734		
ŏ	8a	Gross income from		· ·							
		(not including \$		298,368							
		of contributions repo		n line			105 055				
		1c). See Part IV, lin			8a		125,055				
		Less: direct expe			8b		108,373	16 692			
	C	•		_	vents .	· · · · · · · · · · · · · · · · · · ·		16,682			
	эa	Gross income fro	-	lina 10	00						
	L	activities. See Pa Less: direct expe		iine 19	9a 9b						
		Net income or (lo		amina activi							
		Gross sales of in			1103						
	IVa	returns and allow			10a						
	h	Less: cost of goo			10b						
		Net income or (lo				1					
\exists			20, 110	5055 51 111701	y		Business Code				
iscellaneous Revenue	11a	OTHER REVE	NUE					237	237		
ne	b	*									
	c										
ĨŠ Ŗ	d	All other revenue									
Ē	e	Total. Add lines					<u> </u>	237			
		Total revenue.						1,079,973	131,982	0	C

Part IX Statement of Functional Expenses

Form 990 (2023)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			te column (A).	
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	450,116	450,116		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	371,963	371,963		
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				
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	61,902	34,046	21,666	6,190
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,126	2,819	1,794	513
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	6,412	4,085	1,686	641
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,361	20,361		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	10,784	7,225	2,660	899
14	Information technology	4,461	3,568		893
15	Royalties				
16	Occupancy				
17	Travel	276	276		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	404			
23	Insurance	631	473	158	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	11 004	11 054		
а	READY TO LEARN	11,274	11,274		0.400
b	GENERAL FUNDRAISING EXP	2,480	0.50		2,480
С.	FOREIGN TAX PAID ON INV	859	859		
d	SCHOLARSHIP EXPENSE	539	539		01.4
e	All other expenses	360	146	27 064	214
25 26	Total functional expenses. Add lines 1 through 24e	947,544	907,750	27,964	11,830
20	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)				

of Schedule D

Net assets without donor restrictions

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities. Add lines 17 through 25.

and complete lines 27, 28, 32, and 33.

Net assets with donor restrictions

and complete lines 29 through 33.

Organizations that follow FASB ASC 958, check here

Total liabilities and net assets/fund balances

Organizations that do not follow FASB ASC 958, check here

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 41,737 98,648 Cash—non-interest-bearing Savings and temporary cash investments 762,459 616,465 2 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 3,891,662 4,537,355 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 4,695,858 5,252,468 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

1,224,559

4,027,909

30 31 32 5,252,468 33 5,252,468

25

26

29

0

1,101,344

3,594,514

4,695,858

4,695,858

Form **990** (2023)

0

Assets or Fund Balances

호 32

27

29

30

31

Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI					\Box				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1		9,9					
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,5					
3	Revenue less expenses. Subtract line 2 from line 1	3		132,42 4,695,85						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5	Net unrealized gains (losses) on investments	5		424,3						
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
	32, column (B))	10	5	, 25	2,4	£68				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII					\sqcup				
			_		Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on									
	Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or									
	reviewed on a separate basis, consolidated basis, or both.									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		L	2b		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a									
	separate basis, consolidated basis, or both.									
	Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of									
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c						
	If the organization changed either its oversight process or selection process during the tax year, explain on									
	Schedule O.									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		·							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b						

Form **990** (2023)

SCHEDULE A

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ANACORTES SCHOOLS FOUNDATION

OMB No. 1545-0047

91-1263495

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

Pa	art l	Reas	on for Public Charity	Status. (All organizations	must co	omplete	this part.) See instruction	ns.	
Γhe	orga	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only or	ne box.)			
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section '	170(b)(1)(A)(i).		
2	П	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	П	A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)(1)(A)(iii)) <u>.</u>		
4	П	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section	170(b)(1)(A)(iii). Enter the hosp	ital's name,	
	_	city, and state	•	,				·	
5	\Box	-		a college or university owned or	operated	by a gove	ernmental unit described in		
•	ш		(b)(1)(A)(iv). (Complete Part		opo.a.oa	2) a go.			
6	\Box			vernmental unit described in sec	tion 170	(b)(1)(A)(v	۸.		
7	\mathbf{x}	*		ubstantial part of its support from			•		
•	ت	•	section 170(b)(1)(A)(vi). (Co		a govern	montal an	iii or nom the general public		
8	\Box			70(b)(1)(A)(vi). (Complete Part II	.)				
9	Н	•		ribed in section 170(b)(1)(A)(ix)	•	in coniur	oction with a land-grant college		
٠	ш	-	_	agriculture (see instructions). En		-			
		university:	or a riori lana grain conogo or	agcaa.c (ccccaccc)		,,	and state or the comege of		
10	\Box		on that normally receives (1)	more than 33 1/3% of its support	t from cor	ntributions	membership fees, and gross		
	ш	ū	• ' '	t functions, subject to certain exc					
		support from	gross investment income and	unrelated business taxable inco	me (less	section 5	11 tax) from businesses		
	_	acquired by the	he organization after June 30,	1975. See section 509(a)(2). (Complete	Part III.)			
11	Ш	An organization	on organized and operated ex	clusively to test for public safety.	. See sec	tion 509	(a)(4).		
12		An organization	on organized and operated ex	clusively for the benefit of, to per	rform the	functions	of, or to carry out the purposes	of	
				ns described in section 509(a)(-			Check	
		the box on lin	nes 12a through 12d that desc	cribes the type of supporting orga	inization a	nd compl	ete lines 12e, 12f, and 12g.		
	а	Type I. A	supporting organization oper	rated, supervised, or controlled by	y its supp	orted orga	anization(s), typically by giving		
			• ,, ,	er to regularly appoint or elect a r		the direc	tors or trustees of the		
		supporting	g organization. You must co	mplete Part IV, Sections A and	B.				
	b			ervised or controlled in connection					
			-	ng organization vested in the sar	ne persor	s that co	ntrol or manage the supported		
		organizati	ion(s). You must complete I	Part IV, Sections A and C.					
	С			upporting organization operated in					
			• ,,,	ructions). You must complete P					
	d			. A supporting organization opera)	
			• •	organization generally must satis ust complete Part IV, Sections	-				
	•		,						
	е			ived a written determination from -functionally integrated supporting			Type i, Type ii, Type iii		
	f		nber of supported organizatio		g g				
	g		ollowing information about the						
(i		ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
`		ganization		(described on lines 1–10		ur governing	support (see	other support (see	
				above (see instructions))	docui	ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
` ′									
(E)									
`-,									
Γota	ı								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	903,942	899,928	1,109,843	767,726	931,309	4,612,748
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	903,942	899,928	1,109,843	767,726	931,309	4,612,748
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,288,571
6	Public support. Subtract line 5 from line 4						3,324,177
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	903,942	899,928	1,109,843	767,726	931,309	4,612,748
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	86,128	87,053	183,556	66,551	131,745	555,033
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,167,781
12	Gross receipts from related activities, etc. (see instructions)				12	547,814
13	First 5 years. If the Form 990 is for the org	ganization's first, sec	cond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)		
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	<u> </u>					
14	Public support percentage for 2023 (line 6,	column (f) divided b	y line 11, column (f))		14	64.33%
15	Public support percentage from 2022 Scheo	dule A, Part II, line 1	14			15	88.37 %
16a	33 1/3% support test — 2023. If the organ	nization did not chec	k the box on line 1	3, and line 14 is 33	3 1/3% or more, che	eck this	
	box and stop here. The organization qualif						X
b	33 1/3% support test — 2022. If the organ	nization did not chec	k a box on line 13	or 16a, and line 15	is 33 1/3% or more	e, check	
	this box and stop here. The organization q		• • •				L
17a	10%-facts-and-circumstances test — 20	23. If the organization	on did not check a	box on line 13, 16a	a, or 16b, and line 1	4 is	
	10% or more, and if the organization meets	the facts-and-circu	mstances test, che	ck this box and sto	pp here. Explain in		
	Part VI how the organization meets the fac organization		_				
b	10%-facts-and-circumstances test — 20	22. If the organizati	on did not check a	box on line 13, 16a	a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization	meets the facts-and	-circumstances tes	t, check this box ar	nd stop here. Expl	ain	
	in Part VI how the organization meets the f	acts-and-circumstan	ices test. The orga	nization qualifies as	s a publicly support	ed	
	organization						
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9		(a) 2019	(b) 2020	(6) 2021	(u) 2022	(e) 2023	(I) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		and William	- Ettle / -			<u> </u>
14	First 5 years. If the Form 990 is for the organization, check this box and stop here			•	. , , ,		
500	tion C. Computation of Public Su						
	•	• •		/f\\		15	%
15 16	Public support percentage for 2023 (line 8, Public support percentage from 2022 Scheol						%
	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2023 (lir			column (f))		17	%
18	Investment income percentage from 2023 (iii		line 17			10	%
19a	33 1/3% support tests — 2023. If the orga				 more than 33 1/3%		<u> </u>
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests — 2022. If the orga	-					
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did		-				
	-						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	2-		
	3с		
	4a		
	4a		
	4b		
	10		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	_		
	8		
	0-		
	9a		
	9b		
	90		
	9с		
	10a		
	10b		
Sch	edule A	\ (Form 9	990) 2023

Schedul	e A (Form 990) 2023	ANACORTES	SCHOOLS	FOUNDATION	91-1263495	,		Page 5
Part	IV Supporting	Organizations (continu	ıed)					•
					_		Yes	No
11	-	cepted a gift or contribution fro	•	• .				
а		r indirectly controls, either alon	· ·	persons described on lin				
	· ·	g body of a supported organize				11a		
	•	erson described on line 11a ab		15 (0.5) - 11 (0.11) - 1.4 (0.14)		11b		
С	•	of a person described on line 1	11a or 11b above?	' If "Yes" to line 11a, 11b,		44-		
Section	provide detail in Part VI.	orting Organizations				11c		
OCCIN	on B. Type i Guppe	organizations				\Box	Yes	No
1	Did the governing body	members of the governing bo	dy officers acting	in their official canacity (or membership of one or		162	NO
•		ations have the power to regul			·			
		all times during the tax year? I			•			
		pervised, or controlled the orga			• ',			
		ow the powers to appoint and		•				
	•	and what conditions or restrict			•	1		
2		erate for the benefit of any sup			· · · ·			
		rated, supervised, or controlled		• • • • • • • • • • • • • • • • • • • •				
	• ,, .	penefit carried out the purposes		•				
	,	d the supporting organization.	,,	0 ()	·	2		
Section	on C. Type II Supp	orting Organizations						
					_		Yes	No
1	Were a majority of the o	organization's directors or truste	es during the tax	year also a majority of the	ne directors			
	or trustees of each of th	ne organization's supported org	ganization(s)? If "N	lo," describe in Part VI h	ow control			
	or management of the s	supporting organization was ve	sted in the same p	persons that controlled of	r managed			
	the supported organizat	3 /				1		
Section	on D. All Type III S	Supporting Organization	ns					1
					-	_	Yes	No
1		vide to each of its supported o	•	•				
	•	(i) a written notice describing the	• •		• .			
	• • • • • • • • • • • • • • • • • • • •	form 990 that was most recentle	•	, ,	` `			
		documents in effect on the da	•	· ·	´`	1		
2		zation's officers, directors, or tru		•				
	• (, (,	rving on the governing body of		•				
_	-	aintained a close and continuo	•		• ''	2		
3	•	nship described on line 2, abov	-					
	-	organization's investment poli		-				
		times during the tax year? If "Y	es," aescribe in Pa	art vi the role the organi	zation's			
Section	supported organizations	ctionally Integrated Su	nnorting Orga	nizations		3		
1					ing the year (see instructions).			
' a		atisfied the Activities Test. Com	-	-	ng the year (see mistractions).			
b	H ~	the parent of each of its support	•					
c	H		· ·	•	a governmental entity (see instructions	s).		
2	·	lines 2a and 2b below.	. Booonso mi rait	vi now you cappoint a	gevernmental entity (eee metraetiens	<i>).</i> [Yes	No
a		ne organization's activities durir	ng the tax vear dir	ectly further the exempt i	purposes of			110
	•	ion(s) to which the organization		•				
		nizations and explain how th	•	•	· ·			
	.,	as responsive to those support			· · ·			
	<u>-</u>	stituted substantially all of its a	-	Ŭ		2a		
b		ped on line 2a, above, constitut		ut for the organization's	T			
		re of the organization's suppor		~	ged in? If			
		I the reasons for the organizat						
	•	activities but for the organization	•	0	` '	2b		
3		ganizations. Answer lines 3a						
а	• •	e the power to regularly appoi		rity of the officers, directo	ors, or			
	trustees of each of the s	supported organizations? If "Ye	es" or "No," provide	e details in Part VI.		3a		
b	Did the organization exe	ercise a substantial degree of o	direction over the	policies, programs, and a	activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

ANACORTES SCHOOLS FOUNDATION

Schedu	ıle A (Form 990) 2023 ANACORTES SCHOOLS FOUNDATION		91-12634	195 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2	0, 197	0 (explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must co	mplete	e Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Typ	e III si	upporting organization	

Schedule A (Form 990) 2023

(see instructions).

Schedu	le A (Form 990) 2023 ANACORTES SCHOOLS	FOUNDATION	91-12	634	195 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	ions (continued)		
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	S		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of	f supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-provide details	s in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	on is responsive		8	
	(provide details in Part VI). See instructions.			$oxed{oxed}$	
9	Distributable amount for 2022 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	5	Distributable
			Pre-2023		Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023			l	
	(reasonable cause required-explain in Part VI). See			l	
	instructions.				
	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2020				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from				
-	Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
•	any. Subtract lines 3g and 4a from line 2. For result			l	
	greater than zero, explain in Part VI. See instructions.			l	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

Schedule B (Form 990)

Schedule of Contributors

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

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

2023

OMB No. 1545-0047

Name of the organization

ANACORTES SCHOOLS FOUNDATION

Employer identification number

91-1263495

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note: Only a section 501(c)(7) instructions.	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.						
Special Rules							
regulations under secti 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III.						
contributor, during the contributions totaled m during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such lore than \$1,000. If this box is checked, enter here the total contributions that were received <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions are during the year \$						
Caution: An organization that must answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

ANACORTES SCHOOLS FOUNDATION

Employer identification number 91-1263495

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is need	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 49,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, audress, and Zir + 4	\$ 54,070	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 61,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 115,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 20,100	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 29,565	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ANACORTES SCHOOLS FOUNDATION

Employer identification number 91-1263495

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is need	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.7		\$ 34,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ 30,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions \$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 18,780	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 18,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

A	NACORTES SCHOOLS FOUNDATION		91-1263495
	rrt I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or	
	Complete if the organization answered "Yes" on I		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's exclusive	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w		
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose	
			Yes No
Pa	rt II Conservation Easements	- 000 B + N/ II -	
	Complete if the organization answered "Yes" on I		
1	Purpose(s) of conservation easements held by the organization (check a		
	Preservation of land for public use (for example, recreation or education or education)	· · · · · · · · · · · · · · · · · · ·	• •
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conse	rvation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include		2c
d	Number of conservation easements included on line 2c acquired after Ju	ly 25, 2006, and not	
		,.,,,,,,,,	
3	Number of conservation easements modified, transferred, released, extir	iguished, or terminated by the organizati	on during the
	tax year		
4	Number of states where property subject to conservation easement is lo		
5	Does the organization have a written policy regarding the periodic monitor	• .	\Box \Box \Box
_	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation ea	asements during the year
7	Amount of appropriate incurred in manifesing inspecting boulding of viole	tions and enforcing concernation concern	anta durina tha vaar
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	tions, and enforcing conservation easem	ents during the year
8	Does each conservation easement reported on line 2d above satisfy the	requirements of section 170(h)(4)(R)(i)	
o	and section 170(h)(4)(B)(ii)?	requirements of section 170(1)(4)(b)(i)	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easemer	ats in its revenue and expense statemen	······
•	sheet, and include, if applicable, the text of the footnote to the organization	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on I		
1a	If the organization elected, as permitted under FASB ASC 958, not to re	port in its revenue statement and balance	e sheet works
	of art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance	of public
	service, provide in Part XIII the text of the footnote to its financial statem	ents that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report	in its revenue statement and balance sh	eet works of
	art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or continuous	other similar assets for financial gain, pro-	vide the
	following amounts required to be reported under FASB ASC 958 relating	to these items.	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		

Part III O	rganizations Maintaining	Collections of A	Art, Historical Tre	asures, or Other	Similar A	Assets (continu	<u>ıed) </u>	
	anization's acquisition, accession ns (check all that apply).	n, and other records, o	check any of the following	ng that make significant	t use of its				
a Public ex	chibition	d 🗌	Loan or exchange prog	ram					
b Scholarly	research	е 🗌	Other						
c Preservat	tion for future generations	_							
4 Provide a des	scription of the organization's col	lections and explain h	ow they further the orga	anization's exempt purp	ose in Part				
XIII.									
5 During the ye	ear, did the organization solicit or	receive donations of	art, historical treasures,	or other similar				_	-
	sold to raise funds rather than to		rt of the organization's o	collection?			Ye	es _	No
	scrow and Custodial Ari								
	omplete if the organization 0, Part X, line 21.	answered "Yes"	on Form 990, Part	t IV, line 9, or repo	rted an a	mount oi	n Form		
•	cation an agent, trustee, custodia	n or other intermediar	ry for contributions or ot	her assets not				_	,
							∐ Ye	es	No
b If "Yes," expla	ain the arrangement in Part XIII a	and complete the follo	wing table.						
					<u> </u>		Amoun	<u> </u>	
c Beginning ba	lance								
	ing the year								
	during the year								
f Ending balan	ce				<u>1f</u>				1
	ization include an amount on Fo ain the arrangement in Part XIII.						∐ Ye	_	No
	ndowment Funds	Check here ii the expi	ianation has been provid	ued on Pail Alli					
	omplete if the organization	answered "Yes"	on Form 990 Part	t IV line 10					
	mpioto ii tiro organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ears back	(e) Fou	r years b	oack
1a Beginning of	year balance	3,366,935	3,793,172	3,367,508		18,614		244,	
		242,631	547,158	87,777		61,623		470,	
	nt earnings, gains, and	,	,	- ,					
		432,111	-578,237	520,761	1	86,060		465,	183
d Grants or sch	nolarships	247,834	337,190	121,751		50,442		115,	
	litures for facilities and	-	-	-		-			
•		57,465	57,967	61,122		48,346		45,	793
	e expenses		-	-		-			
	palance	3,736,378	3,366,935	3,793,172	3,3	67,508	3,	018,	614
	stimated percentage of the curre	nt year end balance (line 1g, column (a)) hel	d as:					
a Board design	ated or quasi-endowment	39.92 %							
b Permanent e	ndowment 60.08 %								
	ment %								
The percenta	ges on lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a Are there end	dowment funds not in the posses	sion of the organization	on that are held and adr	ministered for the					
organization I	by:							Yes	No
(i) Unrelated	I organizations?						3a(i)		X
(ii) Related	organizations?						3a(ii)		X
b If "Yes" on lin	e 3a(ii), are the related organiza	tions listed as required	d on Schedule R?				3b		
	art XIII the intended uses of the								
	and, Buildings, and Equi	•							
Cc	omplete if the organization	answered "Yes"	on Form 990, Part	IV, line 11a. See	Form 990	, Part X,	line 1	<u>). </u>	
С	Description of property	(a) Cost or other b		''	Accumulated		(d) Book	value	
		(investment)	(other	r) de	preciation				
	provements								
		l l							
			(//						
iotai. Add lines 1a	through 1e. (Column (d) must ed	µuai ⊢orm 990, Part X	., iirie 10c, column (B))						

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (g) Desistant state part are desentity (1) Financial derivatives (2) Closely hold equal from 990, Part X, line 12, out (g)) (B) (B) (C) (B) (C) (B) (C) (C	Part VII		- Other Securities			0 = 5	
Cast or ont of year manular value		•		d "Yes" on For			
(1) Francisit definitions (2) Closely held captly inforcets (3) Other (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					(b) Book value		
(2) Closely held equity interests (3) Other (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1) Financial		***			Cost of old of y	nanot valdo
(3) Chee	(1) Financial (2) Closely he	alah alam dan dan kacamatan					
(5) (6) (7) (8) (9) (9) (9) (9) (9) (10) (1	(2) Other						
(G) (C) (D) (C) (D)							
(C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B							
(6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9							
(6) (7) (8) (9) (9) (9) (10) must equal Form 990. Part X, line 12, cot. (8) (10) (10) (10) (10) (10) (10) (10) (10							
Fobal, Column (b) must equal Form 990, Part X, line 12, cot. (B)	(E)						
(5) (14) (20 15) (20							
(c)							
Part VIII Investments – Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Brook value (c) See Form 990, Part X, line 13. (c) Method of valuezors Cost or end-d-year inselled value (f) Cost or end-d-year inselled value (g) Cost or end-d-year inselled	(H)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	Total. (Colum	. , , ,		9))			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				<i>)))</i>			
line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	I alt A			d "Yes" on Foi	rm 990 Part IV lir	ne 11e or 11f See Form	990 Part X
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		•	organization anoworos	4 100 011101	111 000, 1 dit 17, iii	10 110 01 111. 000 1 0111	000, 1 are 71,
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		income taxes					
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(9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)						
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							

Sche	dule D (Form 990) 2023 ANACORTES SCHOOLS FOUNDATION	91-12	263495	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		per Return	
	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expense	s per Return	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt XIII Supplemental Information		•	
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, linet XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ART V, LINE 4 - INTENDED USES FOR ENDOWMENT CHOLARSHIPS AND GRANTS AWARDED TO ELIGIBLE	y additional information. FUNDS		

	(Form 990) 2023	ANACORTES	SCHOOLS	FOUNDATION	91-1263495	Page 5
Part XIII	Supplementa	I Information	(continued)			
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ANACORTES SCHOOLS	FOINDATTO	N			91-12634	
Part I Fundraising Activities. Complete if			swere	ed "Yes" on Form 990		
Form 990-EZ filers are not required to	complete this	part			· ·	
1 Indicate whether the organization raised funds through any	y of the following a	activitie	s. Ch	eck all that apply.		
a Mail solicitations	e Solicitation	of no	n-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of go	vernm	ent grants		
c Phone solicitations	g Special fur	draisir	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in	connection with p	rofess	onal f	undraising services?		Yes No
b If "Yes," list the 10 highest paid individuals or entities (fund compensated at least \$5,000 by the organization.	draisers) pursuant	to agr	eemer	nts under which the fundrais	ser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo cont	id fund- have ody or rol of utions?	(iv) Gross receipts	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
2						
3						
4						
<u></u>						
5						
6						
7						
8						
9						
10		+				
-						
Total		trile : 4'		han han natifical it is a second	nnt from	
3 List all states in which the organization is registered or lice registration or licensing.	ensea to solicit con	tributio	ons or	nas been notified it is exen	npt from	

Schedule G (Form 990) 2023 ANACORTES SCHOOLS FOUNDATION 91-1263495 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts g	reater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	
			CELEBRATE THE S	FUN RUN	NONE	(d) Total events
			CELEBRATE THE S (event type)	FUN RUN (event type)	(total number)	(add col. (a) through col. (c))
nue			, , ,	, , , ,		
Revenue	1	Gross receipts	363,185	60,238		423,423
œ			040 202	55 005		000 360
		Less: Contributions Gross income (line 1 minus	242,383	55,985		298,368
		line 2)	120,802	4,253		125,055
		,	_	-		
	4	Cash prizes				
	_ ا	Nanagah prizas				
	3	Noncash prizes				
es	6	Rent/facility costs				
sens						
Ä	7	Food and beverages				
Direct Expenses	l g	Entertainment				
	ľ	Litterialiment				
	9	Other direct expenses	106,008	2,365		108,373
						100 272
			Add lines 4 through 9 in column (d) stract line 10 from line 3, column (d)			108,373 16,682
P	art		plete if the organization answ			
			rm 990-EZ, line 6a.	·		_
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	٦	Noncash prizes				
		Noncasii piizes				
Direct	4	Rent/facility costs	,			1
	_ ا					
	5	Other direct expenses	Vos %	Vos %	Vas %	
		Other direct expenses	Yes %	Yes %	Yes %	
				Yes %		
	6	Other direct expenses Volunteer labor		No	No	
	6	Other direct expenses Volunteer labor Direct expense summary.	No Add lines 2 through 5 in column (d)	No	No No	
	6	Other direct expenses Volunteer labor Direct expense summary.	No	No	No No	
9	6 7 8	Other direct expenses Volunteer labor Direct expense summary. Net gaming income summary.	No Add lines 2 through 5 in column (d)	mn (d)	No	
а	6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Net gaming income summare ter the state(s) in which the the organization licensed to	Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, colu	mn (d)	No	
а	6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Net gaming income summare the state(s) in which the the organization licensed to	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, colu organization conducts gaming activ	mn (d) ities: it these states?	No	Yes No
а	6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Net gaming income summary. Inter the state(s) in which the the organization licensed to "No," explain:	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, colu organization conducts gaming activ conduct gaming activities in each of	mn (d)	No	Yes No
a b	6 7 8 Entitle 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other direct expenses Volunteer labor Direct expense summary. Net gaming income summare ter the state(s) in which the the organization licensed to 'No," explain:	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, colu organization conducts gaming activ conduct gaming activities in each of	mn (d)	No	Yes No
a b 10a	6 7 8 Entitle 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other direct expenses Volunteer labor Direct expense summary. Net gaming income summare ter the state(s) in which the the organization licensed to 'No," explain:	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, colu organization conducts gaming activ conduct gaming activities in each of	mn (d)	No	Yes No
a b 10a	6 7 8 Entitle 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other direct expenses Volunteer labor Direct expense summary. Net gaming income summary. Inter the state(s) in which the the organization licensed to "No," explain: ere any of the organization's	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, colu organization conducts gaming activ conduct gaming activities in each of	mn (d)	No	Yes No

Sche	dule G (Form 990) 2023	ANACORTES	SCHOOLS	FOUNDATIO:	N 91-12	63495			Page	3
11	Does the organization cond	luct gaming activities v	vith nonmembers	?				Yes		No
12	Is the organization a grantor									
	formed to administer charita	able gaming?						Yes	∐ r	No
13	Indicate the percentage of g	gaming activity conduc	ted in:							
а	The organization's facility					13a			%))
b	An outside facility					13b			%))
14	Enter the name and addres	s of the person who p	repares the orga	nization's gaming/sp	ecial events books and					
	records:									
	Name									
	A 1.1									
	Address									
150	Doos the organization have	a contract with a third	I north from whom	n the organization re	accives acmina					
15a	Does the organization have revenue?			•				Yes	\Box	No
b		of gaming revenue rece	ived by the orga	nization \$	an		ш	163	ш.	10
b	amount of gaming revenue					a tile				
С	If "Yes," enter name and ad		αιτy Ψ							
·	ii 100, cinci name ana aa	arcos or the time party	,.							
	Name									
								•		
	Address									
								•		
16	Gaming manager information	on:								
	Name									
	Gaming manager compens	ation \$								
	Description of convices area	بنطمط								
	Description of services prov	/idea								
	Director/officer	Employee	□ Inde	ependent contractor						
	Director/officer	Linployee		ependent contractor						
17	Mandatory distributions:									
а	Is the organization required	under state law to ma	ake charitable dist	tributions from the ga	aming proceeds to					
				-				Yes	\square	No
b	Enter the amount of distribu	itions required under s	tate law to be dis	stributed to other exe	empt organizations or					
	spent in the organization's of	own exempt activities of	during the tax yea	ar \$						_
Pa					ed by Part I, line 2b, co			d		
			l5c, 16, and 1	l 7b, as applicabl	le. Also provide any add	litional information	า.			
	See instruction	ons.								_
										٠.
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SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

ANACORTES SCHOOLS FOUNDATION

Employer identification number 91-1263495

Part I General Information on Grants and	Assistance					•		
 Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistance Describe in Part IV the organization's procedures for monit 	æ?			gibility for the grants or	assistance, and		X Yes	No
Part II Grants and Other Assistance to Do				vernments. Comp	olete if the orga	nization answe	red "Yes" on Fo	rm 990,
Part IV, line 21, for any recipient that	received more	than \$5,0	00. Part II can be	duplicated if addit	ional space is n	eeded.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose or assist	
(1) ANACORTES SCHOOL DISTRICT 2200 M AVENUE							EDUCATIONAL	ENRICHME
ANACORTES WA 98221	91-6016222		432,190					
(2) ANACORTES ARTS FESTIVAL 505 O AVE ANACORTES WA 98221	91-1493326		9,705				EDUCATIONAL	ENRICHEM
(3)	31 1133320		37103					
(4)								
• • • • • • • • • • • • • • • • • • • •								
(5)								
(6)								
(7)								
(8)								
(9)								
2 Enter total number of section 501(c)(3) and government or	annimations list! :-	the line 4 t	table.					
 Enter total number of section 50100000 and dovernment of 	nanizatione lietad ir	n.a .in.a 1 1	CAL NE					

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

Part III Grants and Other Assistance to Part III can be duplicated if additional control of the			ganization answered	"Yes" on Form 990, Part I	/, line 22.
(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
1 SCHOLARSHIPS	163	371,963			
2					
_3					
4					
5					
6					
7					
Part IV Supplemental Information. Prov	ride the information red	guired in Part I, line 2	: Part III, column (b)	; and any other additional in	nformation.
SEE SCHEDULE I SUPPLEMENTAL					
••••••					

SCHEDULE I (Form 990)

Supplemental Information

2023

For calendar year 2023, or tax year beginning

, and ending

Employer identification number

Name of the organization

ANACORTES SCHOOLS FOUNDATION

91-1263495

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
GRANTS TO THE ANACORTES SCHOOL DISTRICT OR OTHERS ARE PAID ONLY AFTER
RECEIVING SUPPORTING RECEIPTS AND DOCUMENTATION ON SPENDING FOR THE
INTENDED PURPOSE. SCHOOLS REPORT BACK TO THE ANACORTES SCHOOLS FOUNDATION
(ASF) ON THE IMPACT OF THE GRANTS AND DONATIONS.
SCHOLARSHIP CHECKS ARE WRITTEN TO THE STUDENTS' COLLEGE OR TRADE SCHOOL,
DESIGNATED FOR THE STUDENTS' ACCOUNTS. COLLEGES ARE REQUESTED TO (AND DO)
RETURN FUNDS IF THE STUDENT DOES NOT ATTEND OR IS OVER-FUNDED ON TUITION
AND FEES. FOR MULTI-YEAR SCHOLARSHIPS WITH MINIMUM GPA REQUIREMENTS, ASF
REQUIRES THE STUDENT TO SUPPLY HIS/HER COLLEGE GPA BEFORE FURTHER FUNDING.
PRESCHOOL SCHOLARSHIPS ARE PAID DIRECTLY TO THE PRESCHOOL AFTER THE
STUDENTS' ATTENDANCE IS CONFIRMED.

SCHEDULE L

(Form 990)

Department of the Treasury

Transactions With Interested Persons

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization

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

Inspection Employer identification number

rame or the	and copies a correct of the						2	0624	0.5	ar mann	DC1		
Part I	ANACORTES SCHOOLS F Excess Benefit Transaction		a)(2) agation E(11(0)	(4)	and agation E(· · · · · · · · · · · · · · · · · · ·	2634					
I alt I	Complete if the organization answered								")				
	Complete if the organization answered		onship between disqu				330-LZ, I alt V, IIIe	400.			(d)	Correc	tod2
1	(a) Name of disqualified person	(b) Relation	organization	aimou	poro	on and	(c) Description of tra	nsaction	1		Yes		No.
(1)			Organization								100	- '	
(2)													
(3)													
(4)													
(5)													
(6)													
	er the amount of tax incurred by the organiza	ation managers	or disqualified n	aren	ne d	uring the year							
	er section 4958							\$	S				
3 Ente	er the amount of tax, if any, on line 2, above	, reimbursed by	the organization						; <u> </u>				
Part II	Loans to and/or From Interes	ested Perso	ns										
	Complete if the organization answered			, line	e 38a	a, or Form 990	, Part IV, line 26; or	if the					
	organization reported an amount on F					•							
	(a) Name of interested person	(b) Relationship	(c) Purpose of	(d)	Loan	(e) Original	(f) Balance due	(g) In	default?				Vritten
		with organization	loan		from org.?	principal amoun	t			by board or committee?		agree	ment:
				$\overline{}$	From	1		Yes	No	Yes	No	Yes	No
(1)													
. ,													Г
(2)													
(3)													
(4)													
(5)													
(6)													
(7)									<u> </u>				
(8)									Ь—				<u> </u>
(9)									├		<u> </u>		<u> </u>
(10)													\bot
Total	Oranta an Aprilatana Danat			<u></u>			<u> </u>						
Part III	Grants or Assistance Beneficomplete if the organization answered	•			7								
	· · · · · · · · · · · · · · · · · · ·				<u>/.</u>								
	(a) Name of interested person	1 ' '	ship between interest and the organization	ed		(c) Amount of assistance	(d) Type of assistance		(e)	Purpose	of ass	sistance	
(1) CAI:	TLIN BRAR	<u> </u>	OF DIRECTO				SCHOLARSHIP	ED	UCAT	TON.			
(-)	AN BRAR	SON OF I					SCHOLARSHIP		UCAT:				
/- \	REN MCCLINTOCK		OF EMPLOYE				SCHOLARSHIP	\neg	UCAT				
4.4	L MCCLINTOCK	SON OF E					SCHOLARSHIP		UCAT				
(5)		1	·			,							
(6)													
(7)													
(8)													
(9)													

Part IV	Business Transactions Involving I	nterested Persons								
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.										
	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Si of o					
		organization			Yes	No				
(1)										
(2) (3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10) Part V	Supplemental Information									
raitv	Supplemental Information Provide additional information for responses to	questions on Schedule L. S	ee instructions.							
	·	•								
SCHED	ULE L, PART V - ADDITION	NAL INFORMATION	N							
DIREC'	TORS AND EMPLOYEES ABSTA	IN FROM THE S	CHOLARSHIP S	SELECTION COMMITT	'EES					
WHEN .	A DEPENDENT OR OTHER REI	LATIVE HAS APP	LIED.							

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

	ANACORTES	SCHO	OLS FOUNDATI	ON	91-1263	<u> 3495 </u>		
Pa	art I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of detern noncash contribution	-		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
6	goods Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
••	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()	Х	2	58,903				
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the	ne organiza	ation during the tax year t	for contributions for				
	which the organization completed For	m 8283, P	art V, Donee Acknowled	gement	29		Yes	No
30a	During the year, did the organization i	receive by	contribution any property	reported in Part I, lines 1 th	rough		163	NO
	28, that it must hold for at least 3 year	rs from the	date of the initial contrib	ution, and which isn't require	ed to be			
	used for exempt purposes for the enti-	ire holding	period?			30a		X
b	If "Yes," describe the arrangement in	Part II.						
31	Does the organization have a gift acc	eptance po	olicy that requires the revi	ew of any nonstandard				
	contributions?					31		Х
32a	Does the organization hire or use thire							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an ame	ount in col	umn (c) for a type of prop	perty for which column (a) is	checked,			
	describe in Part II							

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 **2023**

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

91-1263495 ANACORTES SCHOOLS FOUNDATION FORM 990, PART I, LINE 6 VOLUNTEERS PARTICIPATE IN OUR PROGRAMS AND COMMITTEES TO HELP THE FOUNDATION OBTAIN ITS MISSION. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 DRAFT OF TAX RETURN IS REVIEWED BY THE TREASURER BEFORE FILING FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EACH BOARD MEMBER MUST ANNUALLY FILE A WRITTEN CONFLICT OF INTEREST STATEMENT WITH THE FOUNDATION'S SECRETARY. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE HR COMMITTEE PERFORMS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR'S COMPENSATION. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

Form **990**

Two Year Comparison Report

ending

For calendar year 2023, or tax year beginning

Name

Taxpayer Identification Number

2022 & 2023

ANACORTES SCHOOLS FOUNDATION				91-1	91-1263495		
			2022	2023	Differences		
	1. Contributions, gifts, grants		767,726	931,309	163,583		
	2. Membership dues and assessments	2.					
	3. Government contributions and grants	3.					
n e	4. Program service revenue	4.					
_	5. Investment income	5.	103,194	134,479	31,285		
>	6. Proceeds from tax exempt bonds	6.					
R e	7. Net gain or (loss) from sale of assets other than inventory	7.	-36,643	-2,734	33,909		
	8. Net income or (loss) from fundraising events	8.	19,826	16,682	-3,144		
	9. Net income or (loss) from gaming						
	10. Net gain or (loss) on sales of inventory	10.					
	11. Other revenue	11.		237	237		
	12. Total revenue. Add lines 1 through 11	12.	854,103	1,079,973	225,870		
	13. Grants and similar amounts paid	13.	764,757	822,079	57,322		
	14. Benefits paid to or for members	14.					
S	15. Compensation of officers, directors, trustees, etc.	15.					
	16. Salaries, other compensation, and employee benefits	16.	65,283	67,028	1,745		
e n	17. Professional fundraising fees	17.					
х р	18. Other professional fees	18.	22,087	26,773	4,686		
Ш	19. Occupancy, rent, utilities, and maintenance	19.					
	20. Depreciation and Depletion						
	21. Other expenses	21.	30,700	31,664	964		
	22. Total expenses. Add lines 13 through 21	22.	882,827	947,544	64,717		
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-28,724	132,429	161,153		
	24. Total exempt revenue	24.	854,103	1,079,973	225,870		
	25. Total unrelated revenue	25.					
io	26. Total excludable revenue	26.	66,551	131,982	65,431		
nat	27. Total assets	27.	4,695,858	5,252,468	556,610		
Information	28. Total liabilities	28.					
=	29. Retained earnings	29.	4,695,858	5,252,468	556,610		
-	30. Number of voting members of governing body	30.	16	16			
Ö	31. Number of independent voting members of governing body	31.	16	16			
	32. Number of employees	32.	1	1			
	33. Number of volunteers	33.	205	220			

Form	ggr
⊢orm	330

Tax Return History

2023

Name

ANACORTES SCHOOLS FOUNDATION

Employer Identification Number 91-1263495

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants			1,109,843	767,726	931,309	
Membership dues						
Program service revenue						
Capital gain or loss			86,760	-36,643	-2,734	
Investment income			96,796	103,194	134,479	
Fundraising revenue (income/loss)			54,150	19,826	16,682	
Gaming revenue (income/loss)						
Other revenue					237	
Total revenue			1,347,549	854,103	1,079,973	
Grants and similar amounts paid			549,210	764,757	822,079	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			56,863	65,283	67,028	
Professional fees			21,020	22,087	26,773	
Occupancy costs						
Depreciation and depletion						
Other expenses			30,930	30,700	31,664	
Total expenses			658,023	882,827	947,544	
Excess or (Deficit)			689,526	-28,724	132,429	
			1 245 540	054 103	1 000 000	
Total exempt revenue			1,347,549	854,103	1,079,973	
Total unrelated revenue			100 ===	44	121 222	
Total excludable revenue			183,556	66,551	131,982	
Total Assets			5,439,664	4,695,858	5,252,468	
Total Liabilities				1 10 - 0 - 0		
Net Fund Balances			5,439,664	4,695,858	5,252,468	

91-1263495	Federal Statements						
Taxable Interest on Investments							
Description							
INTERST INCOME	Amount Unrelated Exclusion Code Code Code G/30/75 US \$ 14,984 \$ 14,984						
	Taxable Dividends from Securities						
Description	Unrelated Exclusion Postal Acquired after US Amount Business Code Code 6/30/75 Obs (\$ or %)						
DIVIDEND INCOME	\$ 119,495 \$ 119,495						

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	_	Total Expenses		Program Service		Management & General		Fund Raising	
CREDIT CARD FEES TELEPHONE	\$	214 146	\$	146	\$		\$	214	
TOTAL	\$	360	\$	146	\$	0	\$	214	

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
DONATIONS OVER \$5000	\$ 547,990
INDIVIDUAL DONATIONS	61,207
NONPROFIT ORGANIZATION DONATION	20,137
CORPORATE & BUSINESS DONATIONS	3,607
FUN RUN	
CASH CONTRIBUTION	55,485
NONCASH CONTRIBUTION	500
CELEBRATE THE SEASON	
CASH CONTRIBUTION	183,980
NONCASH CONTRIBUTION	58,403
TOTAL	\$ 931,309

Schedule A, Part II, Line 12 - Current year

Description	_	Amount
INTERST INCOME	\$	14,984
DIVIDEND INCOME		119,495
OTHER REVENUE		237
FUN RUN		4,253
CELEBRATE THE SEASON		120,802
TOTAL	\$	259,771