CLIENT'S COPY



324 South Main Street, Unit A, Montesano WA 98563-4502

Telephone (360) 533-3370 Fax (360) 532-7123 aikenandsanders@aiken-sanders.com

May 29, 2024

San Juan Island Community Foundation PO Box 1352 Friday Harbor, WA 98250

San Juan Island Community Foundation:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

AIKEN & SANDERS INC PS

Form 8879-TE		IRS E-file Signature Au for a Tax Exempt	uthorization Fentity	OMB No. 1545-0047
	For calendar year 20	23, or fiscal year beginning, 202	_	0000
	i or ourondur your zon	Do not send to the IRS. Keep for		·   2023
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE for th	•	
Name of filer			EIN of	r SSN
SAN JU	AN ISLAND	COMMUNITY FOUNDATION	r 91	-1648730
Name and title of officer or pe	rson subject to tax	MAUDE CUMMING	•	
		CHAIRPERSON		
Part I Type of I	Return and Re	eturn Information		
Form 5330 filers may enter or <b>10a</b> below, and the amo	dollars and cents ount on that line fo	re using this Form 8879-TE and enter the . For all other forms, enter whole dollars or r the return being filed with this form was 0-). But, if you entered -0- on the return, th	only. If you check the box on line <b>1a</b> blank, then leave line <b>1b, 2b, 3b, 4</b>	, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere X	<b>b</b> Total revenue, if any (Form 990, Pa	art VIII, column (A), line 12)	1ь 2,095,319.
2a Form 990-EZ che			Z, line 9)	2b
3a Form 1120-POL of		<b>b Total tax</b> (Form 1120-POL, line 22)		
4a Form 990-PF che		b Tax based on investment income		
5a Form 8868 check		<b>b Balance due</b> (Form 8868, line 3c)		
6a Form 990-T check		b Total tax (Form 990-T, Part III, line		
7a Form 4720 check		<b>b</b> Total tax (Form 4720, Part III, line <sup>-</sup>		
8a Form 5227 check		b FMV of assets at end of tax year		
9a Form 5330 check		<b>b</b> Tax due (Form 5330, Part II, line 19		
10a Form 8038-CP ch	eck here	b Amount of credit payment reques		
Part II Declarat	ion and Signa	ture Authorization of Officer or	Person Subject to Tax	
later than 2 business days payment of taxes to receiv personal identification nun <b>PIN: check one box only</b>	prior to the payme e confidential info nber (PIN) as my si	account. To revoke a payment, I must cor ent (settlement) date. I also authorize the f rmation necessary to answer inquiries and gnature for the electronic return and, if ap	financial institutions involved in the p d resolve issues related to the payme oplicable, the consent to electronic fu	processing of the electronic ent. I have selected a unds withdrawal.
X I authorize AL	KEN & SAN	DERS INC PS	to enter	
		ERO firm name		Enter five numbers, but do not enter all zeros
with a state age on the return's c	ncy(ies) regulating lisclosure consent		gram, I also authorize the aforement	of the return is being filed ioned ERO to enter my PIN
return. If I have i	ndicated within th	ax with respect to the entity, I will enter n is return that a copy of the return is being my PIN on the return's disclosure conser	filed with a state agency(ies) regulat	ing charities as part of the
Signature of officer or person subject Part III Certifica	tion and Auth	entication		Date
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	-	91427913151 Do not enter all zeros	
-		IN, which is my signature on the 2023 ele e requirements of <b>Pub. 4163,</b> Modernized	-	
ERO's signature			Date	
	Do Not S	ERO Must Retain This Form - S Submit This Form to the IRS Unit		
For Privacy Act and Pape		Act Notice, see instructions.	•	Form <b>8879-TE</b> (2023)
LHA 302521 01-05-24				

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<u>must use</u>	Form 7004 to request an extension of time to file incom-	e tax retur	ns.				
<u>Part I - Io</u>	dentification						
Type or Print	<b>r</b> Name of exempt organization, employer, or other filer, see instructions.				Taxpayer identification number (TIN)		
	SAN JUAN ISLAND COMMUNITY F	OUNDA	TION		91-16487	/30	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s PO BOX 1352	ee instruct	ions.				
instructions.	City, town or post office, state, and ZIP code. For a for FRIDAY HARBOR, WA 98250	oreign addı	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01	
Applicati	on Is For	Return	Application Is For			Return	
		Code				Code	
Form 990	) or Form 990-EZ	01	Form 4720 (other than individual)			09	
Form 472	20 (individual)	03	Form 5227			10	
Form 990	)-PF	04	Form 6069			11	
Form 990	)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
Form 990	0-T (trust other than above)	06	Form 5330 (individual)			13	
Form 990	)-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104	11-A	08					
time to fil • If this a Pla Pla	ou enter your Return Code, complete either Part II or Par e Form 5330. pplication is for an extension of time to file Form 5330, y n Namen Numbern Year Ending (MM/DD/YYYY)	ou must e					
	utomatic Extension of Time To File for Exempt Organ poks are in the care of THE ORGANIZATION	izations (s	ee instructions)				
i ne b	PO BOX 1352 - FRI	י עגחז	APROP WA 98250				
Talaal	none No. 360-378-1001						
			Fax No				
	organization does not have an office or place of business is for a Group Return, enter the organization's four-digit (						
box	. If it is for part of the group, check this box						
	quest an automatic 6-month extension of time until No						
				e the exem	ipt organization re	sturn for	
	organization named above. The extension is for the orgal calendar year 20 $23$ or	anizations	return for.				
		00				00	
	tax year beginning	, 20	, and ending		<u> </u>	20	
2 If ti	ne tax year entered in line 1 is for less than 12 months, cl	heck reaso	n: Initial return	Final retur	n		
	Change in accounting period						
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			•	
	nonrefundable credits. See instructions.			<u>3a</u>	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069					•	
	imated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa	-				•	
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	Ω	O	Λ
Form	J	J	U

Department of the Treasury

Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2024 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.



No

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A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number В Check if applicable: Address change SAN JUAN ISLAND COMMUNITY FOUNDATION Name change 91-1648730 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated PO BOX 1352 360-378-1001 2,095,319. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended FRIDAY HARBOR, WA 98250 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MAUDE CUMMING Yes X No for subordinates? ..... SAME AS C ABOVE \_\_Yes H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 527 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.SJICF.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other . Year of formation: 1994 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: TO HELP THE SAN JUAN ISLAND 1 Activities & Governance COMMUNITY THRIVE THROUGH INSPIRED AND INFORMED (CONT. ON SCHEDULE O) 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h Prior Year **Current Year** 1,266,943. 1,787,559. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 9 Program service revenue (Part VIII, line 2g) -330,768. 300,653. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,825 7,107. 11 939,000. 2,095,319. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,046,892. 1,166,838. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 193,098. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 160,396. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 92,90<u>4</u>. b Total fundraising expenses (Part IX, column (D), line 25) 134,837. 179,618. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,374,827. 1,506,852. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -435,827. 588,467. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year ъ 8,636,449. 9,688,549. 20 Total assets (Part X, line 16) 5,065. 9,500. 21 Total liabilities (Part X, line 26) let 626,949. 8. 9,683,484 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date
	MAUDE CUMMING, CHAIRPERSON	N			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature		Date	Check PTIN
Paid	TERRY D SODDERS CPA				self-employed P00003151
Preparer	Firm's name AIKEN & SANDERS I	NC PS			Firm's EIN 91-0870697
Use Only	Firm's address 324 S MAIN ST UNI	ТА			
	MONTESANO, WA 985	63-4502			Phone no. 360 – 533 – 3370
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions.	332001 12-21-23		Form <b>990</b> (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2023) SAN JUAN ISLAND COMMUNITY FOUNDATION 91-1648730 rt III Statement of Program Service Accomplishments	Page <b>2</b>
	Check if Schedule O contains a response or note to any line in this Part III	📖
1	Briefly describe the organization's mission:	
	SJI COMMUNITY FOUNDATION'S MISSION IS TO HELP THE SAN JUAN ISLAND	
	COMMUNITY THRIVE THROUGH INSPIRED AND INFORMED GENEROSITY AND THE	
	FOUNDATION'S TRUSTED STEWARDSHIP.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-		XNo
		21 NU
	If "Yes," describe these new services on Schedule O.	<b>v</b>
3		XNo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	nd
	revenue, if any, for each program service reported.	
4a		674.)
	PROVIDED GRANTS TO NONPROFIT SERVICE ORGANIZATIONS ON SAN JUAN ISLA	/
	THAT ENHANCE THE QUALITY OF LIFE FOR ALL SAN JUAN ISLANDERS.	
	THAT EMHANCE THE COADITI OF HITE FOR ADD SAN OUAN ISDANDERS.	
4b	(Code:) (Expenses \$174,051. including grants of \$162,498. ) (Revenue \$43,	086.)
	PROVIDED SCHOLARSHIP ASSISTANCE TO 24 SAN JUAN ISLAND STUDENTS FOR	
	POST-SECONDARY AND TRADES EDUCATION.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
44	Other program services (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)	
4.	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses       1,243,220.	
<u>4e</u>		<b>990</b> (2023)
		(2023)
332002	2 12-21-23	

Form 990 (2023)				COMMUNITY	FOUNDATION
Part IV Checklist of R	equire	d Scheo	dules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		X
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?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,	11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D		11b		х
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
332003	3 12-21-23	Form	990 (	(2023)

332003 12-21-23

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Form	990	(2023)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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			v
	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			<u></u>
	"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 conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
30		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37		27		x
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	l
l'al				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	\$ 12-21-23	Form	990	(2023)

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Part VI         Statements Regarding Other IRS Filings and Tax Compliance         Continued           2a         Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Inter for the calenda year endings with or within the year covered by this result.         2a         A           b         If a least one is reported on line 2a, dd the organization file all required fodeal employment tax returns?         2a         2a         X           b         If a least one is reported to unise 2a, dd the organization have an integrate in one during the year?         3a         X           d         A any time during the calendary spin (dd the organization have an integrate in on a signature or other authority ore, a financial account's factority (such as a bank account, securities account, or other fancial account's?         4a         X           b         If "Yes," relate the nume of the fooregin country.         5a         X         5a         X           b         Was the organization fast in or BRDF1         5a         X         5a         X           d         Was the organization fast in an orbitolet as activatication activation activativation activation activ	Form	990 (2023) SAN JUAN ISLAND COMMUNITY FOUNDATION	91-1648	730	P	<sub>age</sub> 5
2a         Enter the number of employees reported on form W3. Transmittal of Wage and Tax Statements.         2a         4           b If a least one is reported on line 2a, did the organization file al required feddal employment tax returns?         3a         X           b If the statistic have unimised business groups income of 51000 rome during the year?         3a         X           b If these instation have unified business groups income of 51000 rome during the readholty over a financial account in a foreign country (such as a bake account, securits escount, or other financial accounts (FBAR).         3a           b If these, instate the name of the foreign country (such as a bake account, securits escount, or other financial accounts (FBAR).         5a         X           b D dary taxasimation for FIGP FOR FOR T114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           c D view to line 5a or 5b, did the organization file form 8880 T?         5a         X           c D View to line 5a or 5b, did the organization file form 8880 T?         5a         X           c D View to line 5a or 5b, did the organization file at the an ormaly greater than \$100,000, and did the organization solution work or solution an orbit account solutions or offit were not tax deductible contributions under section 170(c).         5a         X           b If View to line 5a or 5b, did the organization file at the an ormaly greater than \$100,000, and did the organization solution are orbit account solution are orbit account solution areacontess statement that sect contributions or offit wer	Par	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Interface       2       4         Both of the capanization have unrelated basiness gross income of \$1,000 or more during the year?       3a       X         Both the capanization have unrelated basiness gross income of \$1,000 or more during the year?       3a       X         Both the capanization have unrelated basiness gross income of \$1,000 or more during the year?       3a       X         Both the capanization have unrelated basiness gross income of \$1,000 or more during the year?       3a       X         Both the capanization have the organization have an basine an hitness in nor a signature or other authority over, a financial accounts in the othering nountry (buch as a bank account, securits account, or other financial accounts (FBAR).       5a       X         Both the capanization in party to pontibiet das shafter transaction at any time during the tay year?       5a       X         Clin Test to into a 05 x0, diff to expanization in the 806 r f7       5a       X       5a       X         Both the capanization neave annual gross recepts that are normally greater than \$100,000, and diff the capanization solid wave and tak douctible ac ortholutions?       5a       X         Both the capanization neave annual gross recepts that are normally greater than \$100,000, and diff the capanization neave any transaction neave any transaction neave any transaction related capacity account sectors 770c).       7a       X         Both the capanization neave any transaction neave any transaction related account sectors 770c).       7a<					Yes	No
b       If a least one is reported on line 2a, did the organization file all regulate federal employment tax returns?       2b       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calandar year, did the organization have an interest in, or a signature or other authority over, a dan hance all account is a toring to normality (but as a bank account, security as count is a toring to organization tax haves count, security or there mancial account, security or there mancial account, security or there mancial account, security or other mancial account, security or other mancial account, security or other mancial accounts (FBAR).       Sa       X         b       Did any taxabular gross resplits that are normally greater than \$10,000, and did the arganization solid ary contributions that were not tax deductible as charitable contributions?       Sa       X         b       If "Yes' to line 5a or 50, did the organization that are normally greater than \$10,000, and did the arganization solid are normally contributions or gifts were not tax deductible as charitable contributions?       Sa       X         b       If "Yes' to line 5a or 50, did the organization that are normally greater than \$10,000, and did the arganization near the sector \$170(c).       Sa       X         b       If "Yes' to line 5a or 50, did the organization tax are normally greater than \$10,000, and did the arganization sector \$170(c).       Sa       X         b       If "Yes' to line 5a or 50, did the organization tax are normall	2a					
a Dd the organization have unrelated business pross income of \$1,000 or more during the year?         3a         X           b If 'Yes, 'Real field a form 9900, 'R' to for sole, provide an accleration to colondule 0         3b					v	
b       If Yas, 'Issai If Ried a Form 350-T for the yara' for Yao'ts of ne 3b, provide an explanation on Schedule O       3b         4a       At any time during the cardinal year, did the organization have an interval in, or a signature or offer authority over, a financial account in a toreign country (such as a bark account, securities account, or other financial accounts of FBAR).       4a       X         5a       Was the organization target in the organization that was or is a party to a prohibiticat wishelf transaction?       5a       X         5a       Was the organization target in cognization that was or is a party to a prohibiticat wishelf transaction?       5c       5c         5a       Did any taxate multiprocess that are normally greater than \$100,000, and did the organization near on tax deductible organization that are normal greas received that every solicitation an express statement that such contributions or gifts were not tax deductible?       5c       5c         5b       If "Yes" in line organization near oneas of 357 media party as a contribution and party for pools and services provided to the part?       7a       X         5b       If "Yes", indicate the number of Forms 8282 filed during the year       If al       X         5b       If "Yes", indicate the number of Forms 8282 filed during the year?       7a       X         7a       If "Yes", indicate the number of Forms 8282 filed during the year?       7a       Yes       Yes         6b       If "Yes", inditate the mumber of Forms 828						v
4 A any time during the calendary year, did the organization have an interest in, or a signature or other authority orer, a dar financial accountly (so that are bank account, securities account, or other functial account)?       4 X         b If 'Yes,' other the name of the foreign country (soch as a bank account, securities account, or other functial account)?       5 X         5 Was the organization a party to a prohibited tax shelter transaction?       5 X         5 If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5 X         5 If any taxable party notify the organization from 888-07       5 X         6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not calc ductables a charable contributions?       5 X         6 Does the organization include with every soliotation an express statement that such contributions or gifs were not tax deductables or admitable to intribution and party for goods and services provided to the party?       7 X         7 Organization receiva a gave ytubs?       7 X       X         9 Did the organization receive gave partitions. Gross of tangible personal property for which it was required to the form 8282?       7 Z       X         10 Did the organization receive a gave premiums, directly or indirectly, or a personal benefit contract?       7 Z       X         11 Thes, 'indicate the number of Forms 828.27       7 Z       X       1 Thes, 'indicate the number of sense 822.116 during the year </th <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
In Trage, "activities the name of the toroign county."     4a     X       b If Trage, "activities the name of the toroign county."     5a     3a       5a Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year?     5a     3b       5a Was the organization have annual gross nocipits that zer normally greater than \$100,000, and did the organization nucles that zer normally greater than \$100,000, and did the organization nucles that zer normally greater than \$100,000, and did the organization nucles charatable contributions?     5c     3c       b If Yes, " to line ba or 5b, did the organization nucles charatable contributions?     6a     X       b If Yes, " to line organization nucles of 55 made parity as a contribution and grits for pools and services provided?     7a     X       c If Yes, " did the organization nucles did every solicitation and express statement that such contributions or gifts     6b     X       c If Yes, " did the organization nucles did space of tanjbite personal property for which it was required to the parit?"     7a     X       d If Yes, " find the organization nucles, did over or file value of the year     7d     7a     X       d If Yes, " find the organization nucles, did over or file value of the year     7d     7a     X       d If Yes, " find the organization receive any tunds, directly or indirectly, to pay premiume on a personal benefit contract?     7c     X       d If Yes, " findicate the number of Forms \$282 filed during the year?     5a     5a				30		
b       If "Yes," enter the name of the foreign country       5         See instructions for filing requirements for Filepoint of Foreign Bank and Financial Accounts (FBAR).       5         5a       Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?       5a         5a       If "Yes" to ite 5a or 5b, did the organization in for masse?       5a         5b       Did any taxable party notify the organization inform 8886?       5a         6a       Did the organization have arroual grees receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles on sharable contributions?       6a         7b       Did the organization neicke expension include with every solidation an express statement that such contributions or gifts were not tax deductibles on thructions under section 170(c).       7a       X         9       If "Yes," did the organization notity the donor of the vake of the goods or services provided?       7a       X         9       If "Yes," indicate the number of Forms 8282?       7a       X       7a       X         9       If "Yes," indicate the number of Forms 8282?       7a       X       7a       X         10       If the organization neeking a contribution of quark parts and property for which it was meguined to the form 8289 as required?       7a       X         10       If the organization neeking a con	Ha		•	42		x
See instructions for ling requirements for FinCEN Form 114, Ropot of Foreign Bark and Financial Accounts (FBAF).       Sa         See Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?       Sa         So Detains that was or is a party to a prohibited tax shelter transaction?       So         So Detains that was or is a party to a prohibited tax shelter transaction?       So         So Detains that was or is a party to a prohibited tax shelter transaction?       So         So Detains that was receive deductible as charable contributions?       So         I 11 *\So: "dult be organization near preceive deductible contributions ruler section 170(c).       So         D bit the organization near preceive deductible contributions under section 170(c).       So         D bit the organization near preceive deductible contributions under section 170(c).       So         D bit the organization near preceive deductible contributions under section 170(c).       So         D bit the organization near preceive deductible contributions under section 170(c).       So         D bit the organization near preceive deductible contributions under section 170(c).       So         D bit the organization near ender section 170(c).       So         D bit the organization near ender section 170(c).       So         D bit the organization near ender section 170(c).       So         D bit the organization near ender section 170(c).       <	b			ти		
64     Was the organization a party to a prohibiled tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       60     Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization soleit any contributions that were not tax deductible or tax charable contributions are used to tax deductible organization include with every solicitation an express statement that such contributions or gits were not tax deductible or the value of the goals or services provided?     6a     X       7     Tyes, 'i did the organization origit with every solicitation and party to orgods and services provided to the payo?     7a     X       9     If 'Yes, 'indicate the number of Forms 8282 filed during the year     7d     7a     X       9     Did the organization receive a payment. Stores, boats, anipanes, or otherwise discose or services provided?     7e     X       10     If 'Yes, 'indicate the number of Forms 8282 filed during the year     7d     7a     X       10     If of the organization received a contribution of qualified intelectual property, did the organization file Service as pays prenums, directly or indirectly, on a personal benefit contract?     7t       11     If the organization received a contribution of out shore sector adveced funds.     9a     9a       12     If the organization received a contribution oreceived funds.     10a <t< th=""><td></td><td></td><td>counts (FBAR).</td><td></td><td></td><td></td></t<>			counts (FBAR).			
b       Dd any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?       55       X         c       If "Yes' to line 5a or 5b, did the organization file Form 8888-17.       55       X         6       Does the organization analy arcss receipts that are normaly greater than \$100.000, and did the organization sor gifts were not tax deductible?       56       X         7       Organizations that may receive deductible contributions?       56       X         9       Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         7       Organizations that may receive deductible contributions under section 170(c).       56       57         0       Did the organization notity the donor of the value of the goods or services provided?       7a       X         7       Tyes," did the organization selved any contribution of qualitied intellectual property dif which it was required?       7a       X         10       Hord enginization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7d         11       Hord enginization receive a contribution of qualitied intellectual property, dif the organization files of m18980 as required?       7n       7d         12       If the organization neceved a contribution or ax, boats, alpinanes, or other vehicles, dif the organization	5a		. ,	5a		Х
c       If "Yes" to line 5a or 5b, did the organization file Form 8898-17       5c         Ga       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 on thattable contributions?       5c         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c).       6a       X         b       If "Yes," did the organization neitity preserve deductible contributions under section 170(c).       7a       X         b       If "Yes," did the organization neitity preserve deductible contributions on a personal property for which it was required to the pom 282?       7a       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7a       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7a       X         f       Did the organization neice any funds, directly or indirectly, on a personal benefit contract?       7e       X         f       If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7a       X         g if the organization receive acontribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7b       7b         g if the organization neice weexcess busine						
Ga     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wave not tax deductible as charitable contributions?     Ga     X       b     If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?     Gb       c     Or organizations that may receive deductible contributions under section 170(c).     Bit 'Hes,'' did the organization notify the donor of the opods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7b     X       c     Did the organization notify the donor of the value of the goods or services provided?     7c     X       d     If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?     7c     X       d     Did the organization during the year, approximums, directly or other values or apersonal benefit contract?     7t     7t       d     Did the organization during the year, approximums, directly during the year?     7a     7a       f     He organization during the year, approximums, directly during the year?     7a     7a       g the organization nave excess business holdings at any time during the year?     7a     7a       g the organization nave any taxable distributions or advised fund maintained by the sponsoring organization make any taxable distributions undvised fund maintained by the services in which th						
b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       66         O Organizations that may receive deductible contributions under section 170(c).       7a       X         If the organization reletive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         If if 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         If if the organization receive any funds, directly or indirectly, on a personal benefit contract?       7c       X         If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       7d         If the organization received a contribution of ans, boats, aiplanes, or other vehicles, did the organization file Form 8899 as required?       7d       7d         If the organization maintaining door advised funds. Did a doon radvised fund maintained by the sponsoring organization make any taxable idstributions under section 4966?       9a       9b       9b         Did the sponsoring organization. These or shareholders       10a       10a <td< th=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
were not fax deductible?     65       7 Organizations that may receive deductible contributions under section 170(c).     7a       0 If the organization neelve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7b       1 If 'Yes,' tild the organization neity the donor of the value of the goods or services provided?     7c     X       1 If 'Yes,' indicate the number of Forms 8282 filed during the year     7d     7c     X       1 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e     7d       1 If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 8988 as required?     7h     7d       1 If the organization receive a dontribution of cars, boats, airplanes, or other vehicles, did the organization file or M898 as required?     7h     7h       2 Sponsoring organization have excess busines balcing at any time during the year?     8     8       9 Sponsoring organization make any taxable distributions under section 4966?     9a     9b       10 the sponsoring organization make any taxable distributions under section 4966?     9a       10 Section 501(c)(7) organizations. Enter:     10a     11a     10a       11 Section 501(c)(12) organizations. Enter:     10a     10b     11a       12 Section 501(c)(2) organizations. Enter:     10a     10a       13 Section 501(c)(2) org				6a		Х
7       Organizations that may receive deductible contributions under section 170(c).       a)         a)       b)       If "Yes," (i) dithe organization notify the donor of the value of the goods or services provided?       7a       X         b)       If "Yes," (i) dithe organization notify the donor of the value of the goods or services provided?       7c       X         c)       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d)       If "Yes," (i)       If "Yes," (ii)       If "Yes," (iii)       If "Yes," (iiii)       If "Yes," (iiiii)       If "Yes," (iiiiii)       If "Yes," (iiiii)       If "Yes," (iiiii)	b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f If the organization receive a contribution of qualified intellectual property, did the organization file Form 8989 as required?       7n       Y         g If the organization meave a contribution of cars, boats, aiplanes, or other vehicles, did the organization file Form 8989 as required?       7n       Y         g Sponsoring organization have excess business holdings at any time during the year?       8       Y       Y         g Did the sponsoring organization make any taxable distributions und avery the vehicles, did the organization maintaining door advised funds.       9a       Y       Y         g Gross income from often sources. (Do not net amounts due or received a contributions included on Part VIII, line 12, for public use of club facilities       10a       10a       10a       10a       10a       10a       10a       10a <td></td> <td>were not tax deductible?</td> <td></td> <td>6b</td> <td></td> <td></td>		were not tax deductible?		6b		
b       If "Yes," did the organization nutify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 field during the year       7d       7c       X         d       Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       7f         f       If the organization received a contribution of qualified intellectual property, did the organization flat a Form 1098-C?       8         Sponsoring organization make and stary time during the year?       8       9         Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         D       Section 501(c)(7) organizations. Enter:       10a       10a         Initiation fees and capital contributions included on Part VIII, ine 12       10a       11a         2       Gross income from thers sources. Use not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a	7	Organizations that may receive deductible contributions under section 170(c).				
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       f'''se, ''indicate the number of Forms 8282 filed during the year       Td       7d       7e         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f       Did the organization received a contribution of qualified intellectual property (did the organization file Form 8899 as required?       7f         g       If the organization received a contribution of qualified intellectual property (did the organization file a Form 1098-C?       7n         g       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Bescription Form 6829 (Did the organization make a distribution to a donor, donor advisor, or related person?       9b         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b         12       Section 501(c)(2) organizations. Enter:       11a       10b       10b         12       Section 501(c)(2) organizations. Enter:       11a       10b<	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         P Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f         f If the organization received a contribution of qualified intellectual property, did the organization free form 8899 as required?       7f         f If the organization received a contribution of cars, bots, aipplenes, or other vehicles, did the organization flag and control of cars, bots, aipplenes, or other vehicles, did the organization flag a contribution of cars, bots, aipplenes, or other vehicles, did the organization flag and contact dived funds.         a Sponsoring organization make a distribution sunder section 4966?       9a         9b the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         0 Section 501(c)(2) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041?       12a         b fir Yes," enter the amount of tax-exempt interest received or accrued during the year?       13a       13a         12a       13a       13a       13a         Note: See the instructions for additional information the organization numer enon Schedule O.       14b       14a <td>b</td> <td>If "Yes," did the organization notify the donor of the value of the goods or services provided?</td> <td></td> <td>7b</td> <td></td> <td></td>	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
d ff "Yes," indicate the number of Forms 8282 filed during the year       Td         e Did the organization during the year, pay premium, directly, to pay presnum, directly, or a personal benefit contract?       7e         f If the organization during the year, pay premium, directly, or an personal benefit contract?       7f         g If the organization during the year, pay premium, directly or indirectly, or a personal benefit contract?       7f         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h         h If the organization make and strain gdoor advised funds.       2         9 Sponsoring organizations maintaining door advised funds.       8         10 dt he sponsoring organization make a distribution to a donor, donor advised funds.       9a         10 dt he sponsoring organizations make a distribution to a donor, donor advised funds.       9a         10 dt he sponsoring organizations. Enter:       10a       10b         11 Section 501(c)(7) organizations. Enter:       10a       10b         12 Gross income from members or shareholders       11a       10b         13 Section 501(c)(12) organizations. Enter:       10b       11b       11b         13 Section 501(c)(12) organizations. Enter:       11a       10b       10b         14 section 347(a)(1) non-exempt charattable trusts. Is the organization filing Form 900 in lieu of Form 1041?       12	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	is required			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11b       12a         12a       Section 501(c)(12) organizations. Enter:       11a       12a       12b       12a         13       Section 501(c)(12) organizations:       Interest received or accrued during the year       12a       12b       12a       12a       12a			1 1	7c		X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?         8       78         9       Sponsoring organizations maintaining donor advised funds.         9       Sponsoring organization nave excess business holdings at any time during the year?         9       Sponsoring organization make any taxable distributions under section 4966?         9       Did the sponsoring organization make any taxable distributions under section 4966?         9       Did the sponsoring organization make any taxable distributions under section 4966?         9       Gross income from members or shareholders         10       Ba         11       Ba         12       10a         13       Section 501(c)(7) organizations. Enter:         14       across income from members or shareholders         11       Ba         12       Section 501(c)(2) organization futures. Is the organization filing Form 990 in lieu of Form 1041?         12a       Iter the amount of tax-exempt interest received or accrued during the year?         13       Section 501(c)(22) qualified nonprofit health plans in more than one state?         14       Did the organization subject to seport these pay						
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X       17         If "Yes," complete Form 6069.       17       16       X	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
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<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> <li>14b</li> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>If "Yes," see the instructions and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>16 X</li> <li>If "Yes," complete Form 4720, Schedule O.</li> <li>17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?</li> <li>If "Yes," complete Form 6069.</li> </ul>						v
<ul> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li></ul>						<u> </u>
<ul> <li>excess parachute payment(s) during the year?</li></ul>						<u> </u>
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16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         17       If "Yes," complete Form 6069.       10				15		
If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         If "Yes," complete Form 6069.	16		income?	16		X
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities			
If "Yes," complete Form 6069.				17		
332005 12-21-23 Form <b>990</b> (2023)						
	332005	12-21-23		Form	990	(2023)

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Form 990	(2023)
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### SAN JUAN ISLAND COMMUNITY FOUNDATION

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Part VI	Governance, Management, and Disclosure.	For each '	"Yes" response to lines 2 throug	h 7b below, and for a "No	" response
	to line 8a, 8b, or 10b below, describe the circumstances, p				

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	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	13			
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					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5		X
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
~	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
ec				9		23
	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)			Yes	
0-	Did the exercitation have lead charters, branches, or affiliated		1	10-	res	N X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha	• • •		401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing the	rorm?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			37	
	on Schedule O how this was done			12c	X	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approval	I by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent 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	e its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	ization's				
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed <u>WA</u>					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section	501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest p	olicy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records				
	THE ORGANIZATION - 360-378-1001					
	PO BOX 1352, FRIDAY HARBOR, WA 98250					
_					990	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest Co	ompensated
	Employees, and Independe	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				recio	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	ndividual trustee or director	nstitutional trustee	5	ƙey employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) CARRIE UNPINGCO	40.00									
EXECUTIVE DIRECTOR				Х				85,862.	0.	0.
(2) MAUDE CUMMING	4.00									
CHAIR PERSON		Х		X				0.	0.	0.
(3) NORM SMITH	4.00									
VICE CHAIRMAN		Х		X				0.	Ο.	0.
(4) REBECCA POHLAD	4.00									
SECRETARY		Х		X				0.	Ο.	0.
(5) BARBARA VON GEHR	4.00									
TREASURER		Х		X				0.	Ο.	0.
(6) CHARLES ANDERSON	4.00									
CHAIR EMERITUS		Х						0.	Ο.	0.
(7) MADELYN BUSSE	2.00									
BOARD MEMBER		Х						0.	Ο.	0.
(8) PHIL JOHNSON	2.00									
BOARD MEMBER		Х						0.	Ο.	0.
(9) PAMELA GROSS	3.00									
BOARD MEMBER		X						0.	0.	0.
(10) CAROLYN HAUGEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LAURA SANDSTROM	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) STEVE BUCK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JOHN MOALLI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MICHAEL SOLTMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
										<b>– – – – – – – – – –</b>

332007 12-21-23

Form 990 (2023)

	990 (202	23)	SAN	JUAN	ISLAND	CC	MM	UN	ΤT	Ϋ́	FO	UNDATION	91-16	<u>;48</u>	<u>730</u>	P	age <b>8</b>
Part	: VII <sub>S</sub>	ection A. Office	rs, Direc	tors, Trus	tees, Key Em	ploy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
		<b>(A)</b> Name and tit	tle		<b>(B)</b> Average hours per week	box	not cł , unles	ss per	ition nore son is	l than c s both r/trust	an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
					(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	s	compensat		
						-											
	Subtota Total fr	al om continuatio			I. Section A							85,862.		0.			0.
d	Total (a	dd lines 1b and	l 1c)		<u></u>							85,862. eceived more than \$100,	000 of reportable	0.			0.
		nsation from the														Yes	0 No
	line 1a?	If "Yes," comple	ete Sched	dule J for s	uch individual							hest compensated empl			3		X
	and rela	ated organization	ns greater	than \$150	),000? If "Yes,	" со	mple	ete S	Sche	dule	J fo	or such individual			4		Х
	rendere	d to the organizandependent Cor	ation? If	"Yes." com								~ 			5		Х
				sation for								nat received more than \$ the organization's tax y		ensat			
		١	Name and	(A) d business	address	N	ONE	2			_	<b>(B)</b> Description of s	ervices	C	(C compe		n
											_						
		umber of indeper 00 of compensat			-	ot lin	nited	to t	thos 0		ted	above) who received mo	ore than			000	

Form **990** (2023)

332008 12-21-23

					SLA.	ND COMMUI	NITY FOUNDA	ATION	91-1648	730 Page <b>9</b>
Pa	rt V									
			Check if Schedule O co	ontains a respo	onse (	or note to any lin		(B)	(C)	(D)
							<b>(A)</b> Total revenue	(D) Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns	1a						
ran				1b						
, Mo		с	Fundraising events							
ar A		d	Related organizations	1d						
is, C		е	Government grants (contrib	outions) <b>1e</b>						
tion S		f	All other contributions, gifts, gr	rants, and						
the			similar amounts not included al			787,559.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in line	es 1a-1f 1g	\$					
<u>a C</u>		h	Total. Add lines 1a-1f				1,787,559.			
	_					Business Code				
ice	2									
serv ue		b								
am Ser evenue		c d								
Be		u e								
Program Service Revenue		f	All other program service re	evenue						
			Total. Add lines 2a-2f							
	3		Investment income (includin		ntere	st, and				
							196,103.	196,103.		
	4		Income from investment of tax-exempt bond p		nd p	roceeds				
	5		Royalties	·····						
				(i) Rea		(ii) Personal				
	6	а		6a						
		b	· · · · · -	6b						
				6c						
			Net rental income or (loss)	(i) Securi		(ii) Other				
	7	а	Gross amount from sales of	7a 104,55						
		h	assets other than inventory Less: cost or other basis							
e		D		7b	0.					
evenue		с	Gain or (loss)	7c104,55						
Rev			Net gain or (loss)				104,550.	104,550.		
ler I			Gross income from fundraising							
Other			including \$	of						
			contributions reported on lir	ne 1c). See						
			Part IV, line 18		8a					
			Less: direct expenses		8b					
			Net income or (loss) from fu	-						
	9	а	Gross income from gaming							
		F	Part IV, line 19		9a 9b					
			Less: direct expenses Net income or (loss) from ga							
			Gross sales of inventory, les		<u> </u>					
	10	u	and allowances		10a					
		b	Less: cost of goods sold		10b					
			Net income or (loss) from sa							
						Business Code				
sno	11	а	OTHER			900099	7,107.	7,107.		
Miscellaneous Revenue		b								
cell Seve		с						ļ		
Mis			All other revenue							
		е	Total. Add lines 11a-11d				7,107.	207 760		0
	12	_	Total revenue. See instructions	s			2,095,319.	307,760.	0.	0.
33200	9 12-2	21-2	23							Form <b>990</b> (2023

332009 12-21-23

10

SAN JUAN ISLAND COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

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

	Charle if Cahadula O contains a reason	a ar nata ta any lina in t	hia Dart IV		
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,004,340.	1,004,340.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	162,498.	162,498.		
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	85,862.	27,476.	30,052.	28,334.
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	41,090.	13,026.	14,884.	13,180.
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9		28,940.	9,439.	11,180.	8 201
	Other employee benefits	4,504.	1,260.	939.	8,321. 2,305.
10	Payroll taxes	4,304.	I,200.		4,303.
11	Fees for services (nonemployees):				
	Management				
b	Legal	44 440		44 440	
С	Accounting	44,449.		44,449.	
d	, , , , , , , , , , , , , , , , , , ,				
е	э , н	21 000		21 000	
f	Investment management fees	31,229.		31,229.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)	00.005			
12	Advertising and promotion	20,305.			20,305. 9,137.
13	Office expenses	26,107.	6,527.	10,443.	9,137.
14	Information technology				
15	Royalties				
16	Occupancy	32,350.	8,088.	12,940.	11,322.
17	Travel				
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	2,072.		2,072.	
23	Insurance	3,011.		3,011.	
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 0.)				
а	ONLINE DONATION FEES	7,471.	7,471.		
b	DUES AND SUBSCRIPTIONS	5,025.	-	5,025.	
c	CONTRACTORS	4,805.	3,095.	1,710.	
d	OTHER	2,794.	.,	2,794.	
	All other expenses	- /		,	
25	Total functional expenses. Add lines 1 through 24e	1,506,852.	1,243,220.	170,728.	92,904.
26	<b>Joint costs.</b> Complete this line only if the organization	_,	_,,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	1	1		
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

SAN JUAN ISLAND COMMUNITY FOUNDATION

91-1648730 Page 11

	990 (		D CC	MMUNITY FOUNDA	ATION	91-	1648730 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X		<u></u>	······
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			207,785.	1	604,196.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquality	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		······ _		8	
◄	9					9	
	10a	Land, buildings, and equipment: cost or other		22.210			
		basis. Complete Part VI of Schedule D	10a	33,318.	F 417		4 402
		Less: accumulated depreciation		28,835.	5,417.	10c	4,483.
	11	Investments - publicly traded securities			8,423,247.	11	9,075,463.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			0.	14	4,407.
	15	Other assets. See Part IV, line 11			8,636,449.	15 16	9,688,549.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			9,500.	17	<u> </u>
	18	Grants payable			5,500.	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
~	22	Loans and other payables to any current or form					
ities		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
Li	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			0.	25	5,065.
	26	Total liabilities. Add lines 17 through 25			9,500.	26	5,065.
		Organizations that follow FASB ASC 958, che	ck here	e X			
ces		and complete lines 27, 28, 32, and 33.		_			000 515
alan	27			······	701,180.	27	830,517.
ä	28			······	7,925,769.	28	8,852,967.
oun		Organizations that do not follow FASB ASC 9	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
its c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	<u> </u>
∌t A	31	Retained earnings, endowment, accumulated in			8,626,949.	31	9,683,484.
ž	32				8,626,949.	32	9,688,549.
	33	Total liabilities and net assets/fund balances			0,030,449.	33	$\frac{9,000,549}{000}$

Form	990 (2023) SAN JUAN ISLAND COMMUNITY FOUNDATION	91-16	48730	Pag	<sub>ge</sub> 12						
Pa	rt XI Reconciliation of Net Assets										
	Check if Schedule O contains a response or note to any line in this Part XI										
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,095								
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,506								
3	Revenue less expenses. Subtract line 2 from line 1	3			67.						
4											
5	Net unrealized gains (losses) on investments	5	468	3,0	68.						
6	Donated services and use of facilities	6									
7	Investment expenses	7									
8	Prior period adjustments	8									
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,										
	column (B))	10	9,683	3,4	84.						
Pa	rt XII Financial Statements and Reporting										
	Check if Schedule O contains a response or note to any line in this Part XII				X						
				Yes	No						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other										
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a	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:										
	X Separate basis Consolidated basis Both consolidated and separate basis										
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b		X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,									
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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?		<b>3</b> a		X						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi										
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000							

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(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.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization	
--------------------------	--

Employer	ider	nti	fic	a	tie	on	n	umb	ē

				D COMMUNITY I				9 9	1-1648730		
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	i.			
The 1 2 3 4	organ	<ul> <li>organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described</li> </ul>									
5				llege or university owned	l or operate	ed by a go	overnmental un	it describe	ed in		
	X	section 170(b)(1)(A)(vi). (Complete Part II.)									
8 9		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11	$\square$	An organization organized a		ivelv to test for public sa	fetv. See	section 50	09(a)(4).				
12		An organization organized a	-		•			ry out the	purposes of one or		
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 5	<b>09(a)(3).</b> (	Check the box on		
		lines 12a through 12d that	• •					-			
а		<b>Type I.</b> A supporting orga		-	• • •	-					
		the supported organization organization. You must o			majority o	or the aired	tors or trustee	s of the su	ipporting		
b		<b>Type II.</b> A supporting org			tion with its	s supporte	d organization	(s) by hay	ina		
~		control or management o	-				-		-		
		organization(s). You mus			· - · ·						
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally	/ integrate	d with,		
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	v integrated. A supp	porting organization oper	ated in cor	nnection v	vith its support	ed organiz	ation(s)		
		that is not functionally int	с с	0 1	•		-	an attentiv	reness		
		requirement (see instructi	,	•							
е		Check this box if the orgation functionally integrated, or					Type I, Type II	, Type III			
f	Ente	er the number of supported of	21	nany integrated supportin	ng organiz	alion.					
g			•	about the supported organization(s).							
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	nization listed ng document? <b>No</b>	(v) Amount of support (see ins		(vi) Amount of other support (see instructions)		
Tota	al										

# Schedule A (Form 990) 2023 SAN JUAN ISLAND COMMUNITY FOUNDATION 91-1648730 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	984,327.	1303702.	2285061.	1266943.	1787559.	7627592.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	984,327.	1303702.	2285061.	1266943.	1787559.	7627592.
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)						516,884.
6	Public support. Subtract line 5 from line 4.						7110708.
Sec	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	984,327.	1303702.	2285061.	1266943.	1787559.	7627592.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	129,493.	58,974.	184,054.	167,238.	196,103.	735,862.
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.)	4,922.	1,552.	31,385.	2,825.	7,107.	47,791.
11	Total support. Add lines 7 through 10						8411245.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	84.54 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	86.98 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line <sup>.</sup>	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	
						Schedule A	(Form 990) 2023

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Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</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 per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) 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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	ear as a section /	01(c)(3) organiz	zation,
<u> </u>	check this box and stop here	- Curren aut Day					
	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	<u> </u>
	Public support percentage from 2022 ction D. Computation of Invest					16	%
	Investment income percentage for 20			no 12 oolumn (f))		17	04
17	Investment income percentage from a					17	<u> </u>
18 19a	<b>33 1/3% support tests - 2023.</b> If the			on line 14 and line			
198	more than 33 1/3%, check this box ar	-					
h	<b>33 1/3% support tests - 2022.</b> If the	•	•				
	line 18 is not more than 33 1/3%, che	•			-		·
20	Private foundation. If the organization						

(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

	16			•	,	
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Schedule A (Form 990) 2023

### SAN JUAN ISLAND COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

qualify under the tests listed below, please complete Part II.) Section A. Public Support

Schedule A	(Form 990)	2023

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Ye<u>s</u>

No

## Part IV Supporting Organizations

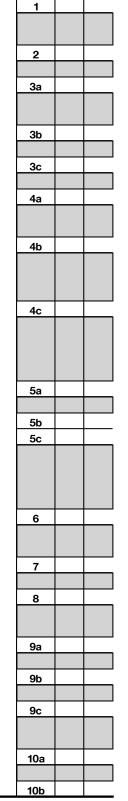
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023

### 91-1648730 Page 5 SAN JUAN ISLAND COMMUNITY FOUNDATION chedule A (Form 990) 2023 Part IV Supporting Organizations

Iu					
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

# Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how	v you supported a governmental entity (see instruction <u>s).</u>	
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 332025 12-21-23

Yes No 2a 2b 3a 3b

1

2

1

Yes No

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	dule A (Form 990) 2023 SAN JUAN ISLAND COMMUNI			91-1648730 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			<i>in</i> Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	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		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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-functiona	Illy integrat	ted Type III supporting o	rganization (see

Schedule A (Form 990) 2023

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instructions).

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Sche Par		ND COMMUNITY F( a)(3) Supporting Orga			1-1648730	Page 7
	on D - Distributions	<u></u>		ieu)	Current Yea	
<u>3ecu</u>	Amounts paid to supported organizations to accomplish exer	mat purpaga		1	Current rea	ar
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp					
2	organizations, in excess of income from activity	r purposes or supported		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3		
4	Amounts paid to acquire exempt-use assets	s of supported organizations	2	4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5			
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
0	(provide details in <b>Part VI</b> ). See instructions.	le organization is responsive		8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributabl Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
-	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, if any, to 2023					
	From 2018					
-	From 2019					
-	From 2020					
	From 2021					
-	From 2022					
-	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D.					
•	line 7: \$					
a	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					
Ŭ	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
Ŭ	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					
	Excess from 2022					
	Excess from 2023					

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Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	6, and 8; and Pa	Provide the c, 4b, 4c, 5a, d 3; Part IV, art V, Sectior	e explanation 6, 9a, 9b, Section E, 1 E, lines 2,	ons required by Pa 9c, 11a, 11b, and lines 1c, 2a, 2b, 3 5, and 6. Also con	rt II, line 10; Part II, lin 11c; Part IV, Section E a, and 3b; Part V, line nplete this part for any	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, 7 additional information.
332028 12-21-2	3				21		Schedule A (Form 990) 202

Sche	edule D (Form 990) 2023 SAN JUAN ISLAND COMMUNITY				1648730 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	2,532,158.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	468,068.		
b					
с					
d					
е	Add lines <b>2a</b> through <b>2d</b>			2e	468,068.
3	Subtract line 2e from line 1			3	2,064,090.
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	31,229.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	31,229.
				-	2,095,319.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	s Retur	
			Expenses per F	etur	
	rt XII Reconciliation of Expenses per Audited Financial Statem	l.	· ·	etur	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.	· ·		n
Pa 1	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:		· ·		n
Pa 1 2	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	. 2a	· ·		n
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	· ·		n
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b 2c	· ·		n
Pa 1 2 a b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d			n <u>1,475,623.</u> 0.
Pa 1 2 a b c d	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	· · ·	1	n
Pa 1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	· · ·	1 2e	n <u>1,475,623.</u> 0.
Pa 1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	· · ·	1 2e	n <u>1,475,623.</u> 0.
Pa 1 2 a b c d e 3 4	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	· · ·	1 2e	n <u>1,475,623.</u> 0.
Pa 1 2 b c d e 3 4 a b	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	31,229.	1 2e	n <u>1,475,623.</u> <u>0.</u> 1,475,623. 31,229.
Pa           1           2           a           b           c           d           a           b           c           d           a           b           c           d           c           d           c           d           c           d           c           d           c           d           c           d	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	31,229.	1 2e 3	n 1,475,623. 0. 1,475,623.

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

### PART V, LINE 4:

### THE ENDOWMENT FUNDS PROVIDE GENERAL FUNDING FOR LOCAL SAN JUAN ISLAND

### NONPROFIT ORGANIZATIONS.

PART X, LINE 2:

THE	SJICF	IS	EXEMPT	FROM	FEDERAL	INCOME	TAXES	UNDER	SECTION	501(C)(3)	OF
-----	-------	----	--------	------	---------	--------	-------	-------	---------	-----------	----

THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISION FOR FEDERAL

# INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, IT WAS

BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE

### FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE

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CODE.

332054 09-28-23

Schedule D (Form 990) 2023 Part XIII Supplemental Inform	SAN	JUAN	ISLAND	COMMUNITY	FOUNDATION	91-1648730	Page 5
Part XIII Supplemental Inform	mation	(continue	<u>d)</u>				
						Schedule D (Form 9	90) 2023

SCHEDULE I (Form 990) Department of the Treasury		Comp. Comp.	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.	er Assistance t d Individuals in answered "Yes" on Fi Attach to Form 990.	ce to Organi s in the Unit <sup>on Form 990, Parl</sup> <sup>990.</sup>	zations, ed States : IV, line 21 or 22.		OMB No. 1545-0047 <b>2023</b> Open to Public
Name of the organization	SAN JUAN	ISLAND CO	GO TO WWW.IFS. COMMUNTTY FOUN	Go to www.irs.gov/Form990 for the latest information. ITTY FOIJNDATTON	the latest informa	tion.		Employer identification number 91-1648730
Part I General Info	n Grants a	d Assistance						
<ol> <li>Does the organization</li> <li>criteria used to awa</li> </ol>	Does the organization maintain records to substantiate the amount of the criteria used to award the grants or assistance?	o substantiate the ance?		or assistance, the c	grantees' eligibility f	or the grants or assist	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	X Yes
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant f	unds in the United	States.			
Part II Grants and Crecipient that	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Cor recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	<b>omestic Organi</b> z 5,000. Part II can	ations and Domestic be duplicated if additic	Governments. Contraction Contractico Contr	omplete if the orga ed.	nization answered "Ye	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	, line 21, for any
1 (a) Name and address of organization or government	ress of organization rnment	(p) EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALCHEMY ART CENTER 1255 WOLD ROAD FRIDAY HARBOR, WA 9	98250	82-4766421	501(C)3	67,495.	.0		<u>10</u>	GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
ANIMAL FROTECTION SOCIETY OF FRIDAY HARBOR - PO BOX 1355 FRIDAY HARBOR, WA 98250	ION SOCIETY OF - PO BOX 1355 - WA 98250	91-1717047	501(C)3	48,817.	0.			PROGRAM SUPPORT
CENTER FOR ANIMAL LAW STUDIES 10101 S TERWILLIGER BLVD PORTLAND, OR 97219	LAW STUDIES R BLVD	93-0386858	501(C)3	18,250.	0.		<u> </u>	GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
FRIDAY HARBOR FOOD BANK PO BOX 1642 FRIDAY HARBOR, WA 98250	) BANK 98250	91-1197629	501(C)3	13,200.	0.		<u> </u>	GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
ISLAND STAGE LEFT 1062 WOLD ROAD FRIDAY HARBOR, WA 9	98250	33-1012751	501(C)3	23,500.	0.		<u> </u>	GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
JOYCE L. SOBEL FAMILY CENTER - PO BOX 1981 HARBOR, WA 98250-1981	SOBEL FAMILY RESOURCE PO BOX 1981 - FRIDAY A 98250-1981	91-2014083	501(C)3	211,692.	0.		<u>81 G</u>	GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
<ul><li>2 Enter total number</li><li>3 Enter total number</li></ul>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	d government org listed in the line 1	janizations listed in the table	line 1 table				

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

LHA 332101 11-01-23

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Schedule I (Form 990) 2023

Schedule I (Form 990)         SAN         JUAN         I SLAND         COMMUNITY         FOUNDATION           Part II         Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ISLAND CO Assistance to Do	COMMUNITY FOUN	FOUNDATION ations and Domestic Go		(Schedule I (Form 990), Part II.)		91-1648730 Page 1
(a) Name and address of organization or government	( <b>b</b> ) EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEDIC ONE FOUNDATION 11747 NE 1ST STREET SUITE 310 BELLEVUE, WA 98005	91-6183158	501(C)3	.000,02	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
MT. BAKER PLANNED PARENTHOOD 1509 CORNWALL AVENUE BELLINGHAM, WA 98225	91-0846274	501(C)3	11,882.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
MULLIS COMMUNITY SENIOR CENTER PO BOX 684 FRIDAY HARBOR, WA 98250	91-2158364	501(C)3	11,049.	.0			PROGRAM SUPPORT
PADS FOR PARKINSON'S PO BOX 2703 FRIDAY HARBOR, WA 98250	81-4250310	501(C)3	21,375.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
SAFE SAN JUANS PO BOX 3175 FRIDAY HARBOR, WA 98250	91-1212454	501(C)3	20,034.	0.			PROGRAM SUPPORT
SAN JUAN COMMUNITY HOME TRUST PO BOX 2603 FRIDAY HARBOR, WA 98250	91-2150712	501(C)3	7,500.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
SAN JUAN COMMUNITY THEATRE PO BOX 1063 FRIDAY HARBOR, WA 98250	91-1277452	501(C)3	21,465.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
SAN JUAN HISTORICAL MUSEUM 323 PRICE ST. FRIDAY HARBOR, WA 98250	23-7022221	501(C)3	6,958.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
SAN JUAN ISLAND LIBRARY 1010 GUARD STREET FRIDAY HARBOR, WA 98250	91-1063486	501(C)3	8,550.				GRANTS FOR PROGRAM SUPPORT AND OPERATIONS Schedule   (Form 990)

04-01-23

Schedule   (Form 990)         SAN         JUAN         I SLAND         COMMUNITY         FOUNDATION           Part II         Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments         Part III         Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ISLAND CO Assistance to Do	COMMUNITY FOUN Domestic Organizations	FOUNDATION ations and Domestic Go		(Schedule I (Form 990), Part II.)		91-1648730 Page 1
, , , , , , , , , , , , , , , , , , ,	( <b>b</b> ) EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	두도이	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAN JUAN ISLAND PUBLIC SCHOOL DISTRICT - PO BOX 458 - FRIDAY HARBOR, WA 98250		T'VOĐ	•068'8	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
SAN JUAN ISLANDS AGRICULTURAL GUILD - PO BOX 1945 - FRIDAY HARBOR, WA 98250-1945	26-2167336	501(C)3	26,275.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
SAN JUAN ISLANDS CONSERVATION DISTRICT - PO BOX 1728 - FRIDAY HARBOR, WA 98250		501(C)3	14,055.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
SAN JUAN ISLANDS MUSEUM OF ART PO BOX 339 FRIDAY HARBOR, WA 98250	91-1394847	501(C)3	10,085.	.0			PROGRAM SUPPORT
SAN JUAN PRESERVATION TRUST PO BOX 759 FRIDAY HARBOR, WA 98250	91-1078355	501(C)3	8,200.	0.			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
SAN JUAN PUBLIC SCHOOLS FOUNDATION PO BOX 1452 FRIDAY HARBOR, WA 98250	94-3184026	501(C)3	10,119.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
SPRING STREET INTERNATIONAL SCHOOL 505 SPRING STREET FRIDAY HARBOR, WA 98250	91-1693033	501(C)3	53,052.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
WOLF HOLLOW WILDLIFE REHABILITATION CENTER - PO BOX 391 - FRIDAY HARBOR, WA 98520	91-1265913	501(C)3	11,321.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
FAMILY UMBRELLA GROUP PO BOX 392 FRIDAY HARBOR, WA 98250	91-1889448	501(C)3	10,000.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS Scheduide   (Form 900)
							Schedule I (Form 990)

Schedule I (Form 990) SAN JUAN ISLAND COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	I SLAND CO: Assistance to Do	COMMUNITY FOUN	FOUNDATION ations and Domestic Go		(Schedule I (Form 990). Part II.)		91-1648730 Page 1
-	(q)	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	분유하	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AKA'ULA CAT GARDEN PO BOX 82 KUALAPUU, HI 96757	85-2314245	501(C)3	20,000.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
SUDDEN CARDIAC ARREST FOUNDATION 7500 BROOKTREE ROAD WEXFORD, PA 15970	43-2093206	501(C)3	10,000.	.0			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
ISLAND HAVEN ANIMAL SANCTUARY PO BOX 428 FRIDAY HARBOR, WA 98250	47-4266132	501(C)3	9,735.	0.			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
ARCHIPELAGO COLLECTIVE 3015 NW 77TH STREET SEATTLE, WA 98117	81-2876277	501(C)3	7,400.	0.			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
FAMILIES & NEIGHBORS SUPPORT ISLAND REC - PO BOX 875 - FRIDAY HARBOR, WA 98250	45-3549193	501(C)3	7,000.	0.			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
GONZAGA UNIVERSITY 502 E. BOONE AVE SPOKANE, WA 99258	91-0236600	501(C)3	17,000.	0.			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
ROCK ISLAND COMMUNICATIONS PO BOX 1130 FRIDAY HARBOR, WA 98250		501(C)3	15,000.	0.			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS
ST. DAVID'S EPISCOPAL CHURCH PO BOX 2714 FRIDAY HARBOR, WA 98250	91-0747126	501(C)3	10,000.	0.			GRANTS FOR PROGRAM SUPPORT AND OPERATIONS

Schedule I (Form 990) 2023 SAN JUAN ISLAND		COMMUNITY FOUNDATION	ION		91-1648730 Page 2
Part III         Grants and Other Assistance to Domestic Individuals.           Part III         can be duplicated if additional space is needed.		organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP COLUMBUS COLLEGE OF ART & DESIGN		و ' ۵۵۵	.0		
SCHOLARSHIP STANFORD UNIVERSITY		°000,8	.0		
SCHOLARSHIP UNIVERSITY OF WASHINGTON	2	.000,6	0.		
SCHOLARSHIP WESTERN WASHINGTON UNIVERSITY	م 	30,500.	.0		
SCHOLARSHIP ARIZONA STATE UNIVERSITY		.000,77	.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	luired in Part I, lin	le 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE ORGANIZATION KEEPS RECORDS FOR	EACH GRANT	AND	SCHOLARSHIP R	RECIPIENT AND	
THE ORGANIZATION MAKES PAYMENTS DIRECTLY TO QUALIFIED VENDORS	RECTLY TC	QUALIFIED		RATHER THAN	
TO THE RECIPIENT. PROGRAM STAFF FO	FOLLOW UP	UP WITH RECIF	RECIPIENTS TO E	ENSURE	
COMPLIANCE WITH TERMS OF GRANTS AND	ASS	ISTANCE.			
332102 11-01-23					Schedule I (Form 990) 2023

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Schedule I (Form 990)         SAN JUAN ISLAND COMMUNITY FOUNDATION           Part III         Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)	COMMUNIT	<b>PATION</b> Schedule I (Form 990). P	CON 0). Part III.)		91-1648730 Page 2
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP GONZAGA UNIVERSITY	7.	18,500.	• 0		
SCHOLARSHIP UNIVERSITY OF ARIZONA	2.	5,500.	•0		
SCHOLARSHIP UNIVERSITY OF WASHINGTON SCHOOL OF LAW	1.	12,000.	.0		
					Schedule I (Form 990)

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



Employer identification number 91 - 1648730

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SAN JUAN ISLAND COMMUNITY FOUNDATION

GENEROSITY AND THE FOUNDATION'S TRUSTED STEWARDSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND MANAGEMENT PRIOR TO

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND STAFF ARE PROVIDED THE CONFLICT OF INTEREST POLICY AND

FILL OUT A SIGNED DISCLOSURE FORM. THE FORMS ARE REVIEWED AND ANY CONFLICTS

ARE PASSED TO THE EXECUTIVE COMMITTEE FOR RESOLUTION AND ACTION. THE

ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION DOES NOT COMPENSATE BOARD MEMBERS OR OFFICERS.

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS PROPOSED BY THE COMPENSATION

COMMITTEE OF THE BOARD AND CONFIRMED BY A VOTE OF THE FULL BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW AT THE OFFICE OF THE FOUNDATION IN FRIDAY HARBOR, WASHINGTON. THE FORM 990 IS AVAILABLE ON THE FOUNDATION'S WEBSITE (WWW.SJICF.ORG) AND ON GUIDESTAR.

PART XII, LINE 2C

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

SAN JUAN ISLAND COMMUNITY FOUNDATION 91-1 PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	lentification numl 648730
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	le O (Form 990) 2