Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

A F	or the	2023 calenda	ar year, or tax year beginning 01/01/2023 and ending	12/31/20	23				
B (heck if ap	plicable:	Employer identification number						
	Address c	hange	83-1289558						
Ш	Name cha	nge	Telephone number						
=	Initial retur		360-375-3809						
=	Final retur Amended	Group Exe	emption						
=		n pending	Number	•					
		ing Method:	Anacortes, WA 98221 Cash Accrual Other (specify): H Cher	ck ∏if th	e organization is not				
					ach Schedule B				
				m 990).	201124410 2				
			✓ Corporation ☐ Trust ☐ Association ☐ Other:						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets					
			5500,000 or more, file Form 990 instead of Form 990-EZ		155.074				
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst						
	al C I		the organization used Schedule O to respond to any question in this Part I.						
	1		ons, gifts, grants, and similar amounts received		41,057				
	2		ervice revenue including government fees and contracts		114,804				
	3	_	ip dues and assessments	. 3	0				
	4	Investment	·	4	15				
	5a		ount from sale of assets other than inventory 5a	0	10				
	b		or other basis and sales expenses	0					
	C								
	6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)							
Φ	а	Gross income from gaming (attach Schedule G if greater than \$15,000)							
Revenue	L		me from fundraising events (not including \$ 0 of contributions	0					
ě	b								
Œ			aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b						
	_		the gross income and contributions exceeds \$15,000) 6b	0					
	C		0						
	d	Net incom- line 6c) .		_					
	l _	,		· 6d	0				
	7a		s of inventory, less returns and allowances	0					
	b		of goods sold	0 _					
	C	•	it or (loss) from sales of inventory (subtract line 7b from line 7a)		0				
	8	Other reve	nue (describe in Schedule O)	. 8	0				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		155,876				
	10		d similar amounts paid (list in Schedule O)		12,985				
	11		aid to or for members	. 11	0				
es	12		ther compensation, and employee benefits		147,957				
Expenses	13		al fees and other payments to independent contractors		4,738				
	14		y, rent, utilities, and maintenance		50				
Ш	15		ublications, postage, and shipping		0				
	16		enses (describe in Schedule O) .See Schedule O, Statement 1		16,654				
	17		enses. Add lines 10 through 16		182,384				
Ŋ	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	. 18	-26,508				
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with						
As		end-of-yea	r figure reported on prior year's return)	. 19	65,223				
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	. 20	0				
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. 21	38,715				

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Pa	rt II Balance Sheets (see the instructions t	,				
	Check if the organization used Schedule	O to respond to ar				<u>v</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			65,223	22	41,728
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			65,223	25	41,728
26	Total liabilities (describe in Schedule O)				26	3,013
27	Net assets or fund balances (line 27 of column			65,223	27	38,715
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for P			•
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part IÍI 🔝 🗌		Expenses
Wha	t is the organization's primary exempt purpose?	See Schedule O, Sta	tement 2			uired for section
	cribe the organization's program service accompli	· · · · · · · · · · · · · · · · · · ·		roarom continos		c)(3) and 501(c)(4) nizations; optional for
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	services provided	, the number of	other	
28	Provided licensed outdoor, nature-based preschool		~			
	Park for 35-37 students attending on 1-5 day per wee	ek schedules, 4-6 hou	rs per day. Provided	free or		
	reduced tuition for 17 students.					
	(Grants \$ 12,985) If this amount	includes foreign gra	nts, check here .	🗆	28a	142,206
29						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🗆	29a	
30						
	(Grants \$) If this amount	includes foreign gra	nts, check here .		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	📙	31a	0
32	Total program service expenses (add lines 28a	through 31a)			32	142,206
	t IV List of Officers, Directors, Trustees, and Key				nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part IV		🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	Of	Estimated amount of ther compensation
Moll	y Harrigan	20.00	27,534		0	551
	cutive Director					
	na Fort	5.00	0		0	0
	ident	0.00				•
	ey Harwood	2.00	0		0	0
	President	2.00	Ĭ			· ·
	rnda Wheeler	2.00	0		0	0
	surer	2.00			٦	· ·
	a Marosi	2.00	0		0	0
	retary	2.00	0		١	U
	e Henderson	1.00	0		0	0
		1.00	U		١	U
Dire		1.00				
	sea Harmon	1.00	0		0	0
Dire			_		_	
	n Cussen	1.00	0		0	0
Dire					_	
	die Robertson	1.00	0		0	0
Dire	otor					
		1	i	1		0
Rana	a Alcocer	1.00	0		0	U
		1.00	0		<u> </u>	
Rana Dire		1.00	0			

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T			
41	List the states with which a copy of this return is filed:	40e		~
		360-37	5-3800	
u	Located at: 1004 Commercial Ave PMB 245, Anacortes, WA 98221 ZIP + 4	982		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		/
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		/
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	No
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h		./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 99	U-EZ (20	J23)							Р	age •
									Yes	No
46		ne organization engage, directly or inc								
		ndidates for public office? If "Yes," co		Part I		<u> </u>		. 46		~
Part \		Section 501(c)(3) Organizations		-ti 47 40b	I CO					
		All section 501(c)(3) organizations	must answer que	stions 47–49b ar	ia 52, and	COM	piete the	e tables i	or iine	es
		50 and 51.	adula O ta raanand	to any avantion i	n thia Dart	. \ //				_
		Check if the organization used Sch	edule O to respond	to any question i	n this Part	VI .				NI.
47	Did +	ne organization engage in lobbying a	activities or have a s	section 501(b) elec	ction in off	act du	ring the	tav	Yes	No
71		If "Yes," complete Schedule C, Part						. 47		•/
48	•	organization a school as described in						. 48		~
4 0		ne organization make any transfers to								~
b		s," was the related organization a sec						. 49b		
50		plete this table for the organization's							⊥ es. an	d ke
		byees) who each received more than								
			(b) Average	(c) Reportable		ealth be				
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MIS			employee d deferred	(e) Estimate other cor		
			devoted to position	1099-NEC)		mpensa		Other Cor	репзаг	IOH
None										
51 	Comp \$100,	number of other employees paid ove plete this table for the organization's 000 of compensation from the organ	s five highest compe ization. If there is no	ensated independe	ent contrac	_ :tors w	vho each	received	more	thai
	(a)	Name and business address of each independe	ent contractor	(b) Type of :	service		(c)	Compensat	on	
None										
						-				
d		number of other independent contract	•							
52		the organization complete Schedul			_					
										No
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than						owledge and	d belief,	it is
,	,	,	.,							
Sign		Signature of officer				Date				
Here						_ 2.0				
		Jacynda Wheeler, Treasurer Type or print name and title								
Do:-J		Print/Type preparer's name	Preparer's signature		Date		Chool:	; PTIN		
Paid Prop	oror	Samuel Dahlin					Check L self-employ		188840)5
Prepa Use (Firm's name Rising Sun Accounting	ng			Firm's	EIN	82-372		
	Jilly	Firm's address PO Box 25726, Seattle				Phone		206-939		
May th	ne IRS	discuss this return with the preparer		nstructions				. V Yes	. □ I	No

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization Fidalgo Nature School 83-1289558 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 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: An organization that normally receives (1) more than 331/3% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)
Total

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

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

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

Secti	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	96	3,056	22,533	93,878	41,057	160,620
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	26,586	45,787	89,918	96,908	114,804	374,003
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	26,682	48,843	112,451	190,786	155,861	534,623
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					16,364	16,364
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0	0	16,364	16,364
8	Public support. (Subtract line 7c from line 6.)						518,259
Secti	on B. Total Support						010/207
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	26,682	48,843	112,451	190,786	155,861	534,623
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3	2	3	102	15	125
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3	2	3	102	15	125
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.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)	27, 705	40.045	112.454	100 000	155.07/	
14	First 5 years. If the Form 990 is for the organization, check this box and stop her					155,876 ar as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8			13. column (fl)		15	96.92 %
16	Public support percentage from 2022 Sch		-			16	98.41 %
	on D. Computation of Investment Inc			<u> </u>	<u> </u>	1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17	Investment income percentage for 2023 (I			y line 13, colu	mn (f))	17	0.02 %
18	Investment income percentage from 2022	Schedule A, F	Part III, line 17			18	0.03 %
19a	331/3% support tests-2023. If the organi	ization did not	check the box	on line 14, ar	id line 15 is m		6, and line
	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2022. If the organiz line 18 is not more than 331/3%, check this be						
20	Private foundation. If the organization di	_	=	-	· · · · · · · · · · · · · · · · · · ·		_

Schedule A (Form 990) 2023 Page 4

Supporting Organizations Part IV

(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.)

Se

secti	on A. All Supporting Organizations		V	NI-
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		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	1		
	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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 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)			
50	purposes. Did the ergenization add substitute or remove any supported ergenizations during the tay year? If "Vee."	4c		
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			
b	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
С	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 .	6		
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).	7		
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).	8		
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 .	9a		
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? <i>If "Yes," provide detail in Part VI</i> .	9b		
С	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 .	9b 9c		
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	10a		
	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 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 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 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 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. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a 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. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. 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. 3a

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.

3b

Schedule A (Form 990) 2023 Page 6

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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):			
а	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-functional (see instructions).	ally i	integrated Type III suppo	rting organization

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
Fidalgo Nature School	83-1289558
Form 990-EZ, Part I, Line 10 - Scholarships provided to 9 students.	
Form 990-EZ, Part II, Line 26 - Accounts Payable: \$3,013	
Total 770 EE, Furth, Ellio Eo 71000ullo Fujusio. 40ju lo	
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Schedule O, Statement 1 Fidalgo Nature School

Form: **Form 990-EZ (2023)** EIN: **83-1289558**

Page: 1 Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Program Supplies	7,366
Office Expenses	3,128
Insurance	2,762
Travel	1,411
Advertising	1,044
Communications	943
Total:	16,654

Schedule O, Statement 2 Fidalgo Nature School

Form: Form 990-EZ (2023) EIN: 83-1289558

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Fidalgo Nature School's mission is to provide quality, accessible, nature-based education for children in the local community, fostering their sense of belonging in the natural world and a lifelong connection with the outdoors.