## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or th	e 201	8 calendar year, or tax year begin	nning	, 2018,	and endin	ng		, 2	20	
<b>B</b> c	heck if ap	oplicable:	C Name of organization HUMANITIES WASHINGTON	COP	Y			D Employer ide	entification nu	mber	
	Addre		Doing Business As					51-0191	.115		
	7 1	change	Number and street (or P.O. box if mail is	E Telephone nu	umber						
	Initial	return	130 NICKERSON STREET			304		(206) 683	2-1770		
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code	•						
	Amer returr		SEATTLE, WA 98109					<b>G</b> Gross receipt	ts \$ 2	2,113,163.	
	Application pending		F Name and address of principal officer:	me and address of principal officer: DEBRA HOLLAND							
			130 NICKERSON STREET 3	304, SEATTLE, W	A 98109			subordinates' <b>H(b)</b> Are all subordi	I .	Yes No	
<u> </u>	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.)	4947(a)(1) o	r 52	7	If "No," attac	h a list. (see instr	ructions)	
J	Websi	ite: 🕨	WWW.HUMANITIES.ORG					H(c) Group exemp			
K	Form	of orgar	nization: X Corporation Trust	Association Other	,	L Year of	f formati	on: 1973 <b>M</b>	State of legal of	domicile: WA	
P	art I		mmary								
Governance	2	THI	y describe the organization's mission of NKING USING STORY AS A Control of the state of the stat		RING THO	UGHTFUL					
90	3		per of voting members of the governing	•					3	21.	
∞ ∞	4	Numb	per of independent voting members of the	he governing body (Part \	/I. line 1b)				4	21.	
Activities &	5	Total	number of individuals employed in cale	endar vear 2018 (Part V. lir	ne 2a)				5	14.	
ťi	6		number of volunteers (estimate if necess						6	35.	
Ac	7a	Total	unrelated business revenue from Part VI	III, column (C), line 12					7a	0	
			nrelated business taxable income from I						7b	0	
								Prior Year	Cu	rrent Year	
ø	8	Contr	ibutions and grants (Part VIII, line 1h)					1,184,37	5.	1,679,299	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		COPT				0.	0	
ě	10		tment income (Part VIII, column (A), line		PUBLIC IN:	SPECTION		28,32		33,917	
Œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				-11,71		-42,951	
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A	A), line 12)			1,200,99		1,670,265	
	13	Grant	ts and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				24,84	6.	42,742	
	14	Benef	fits paid to or for members (Part IX, colui			0.	0				
S	15		ies, other compensation, employee bene					672,98		766,487	
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				27,89	5.	43,825	
ďx	b	Total	fundraising expenses (Part IX, column (I	O), line 25) ▶	205,523.						
ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				564,59		651,863	
	18		expenses. Add lines 13-17 (must equal					1,290,32			
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				-89,33	3.	165,348	
Net Assets or Fund Balances							Beginn	ning of Current Y		nd of Year	
sset	20		assets (Part X, line 16)					1,428,62		1,563,909 <sub>.</sub>	
A As	21		liabilities (Part X, line 26)					72,00		109,763	
ã <u>₽</u>	22		ssets or fund balances. Subtract line 21	from line 20				1,356,62	5.	1,454,146	
_	rt II		gnature Block								
Und	der pei e. corre	nalties o	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	is return, including accompa officer) is based on all inforr	anying schedul mation of whic	es and staten h preparer ha	ments, ai is anv kn	nd to the best of owledge.	my knowledg	e and belief, it is	
C:			<b>COPY</b>	,				10/1	5/2019		
Sig			Signature of officer					Date			
He	re		DEBRA HOLLAND		BOARD	CHAIR					
			Type or print name and title								
Da!-		Print/	Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Paid	ı parer	SUS.	AN B QUEARY					self-employe			
	Only	Firm's	s name ▶ BADER MARTIN, P.	S.				· · · · · · · · · · · · · · · · · · ·	91-15014		
	Jy	Firm's	s address > 1000 2ND AVE 34TH FLOOR	R SEATTLE, WA 98104-10	22			Phone no.	206-621-	1900	
May	the I	RS dis	scuss this return with the preparer showr	n above? (see instructions	)	<u></u> .			Х,	Yes No	
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.					Fo	orm <b>990</b> (2018)	

### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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

Automatic	<b>6-Month Extension of Time.</b> Only subm	it original	(no copies needed).					
•	ons required to file an income tax return othe		,	0-C filers), partnerships,	RE	MICs,	and trust	:S
nust use Fo	orm 7004 to request an extension of time to f	ile income	tax returns.					
	T			Enter filer's identifyin	g nu	mber, s	see instruc	tions
Гуре or	Name of exempt organization or other filer, see in	structions.		Employer identification nu	ımbe	r (EIN)	or or	
		COL	V					
orint	HUMANITIES WASHINGTON			51-019111	5			
lue by the ue date for	Number, street, and room or suite no. If a P.O. bo	, , , , , , , , , , , , , , , , , , , ,						
iling your	130 NICKERSON STREET 304							
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
TOTT GOTTO:	SEATTLE, WA 98109							
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for	or each return)			0	1
	Tann Codo for the foram that the approach		a coparate application is					
Application		Return	Application				Retu	rn
s For		Code	Is For				Cod	е
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)			07	
orm 990-Bl		02	Form 1041-A	,			08	
orm 4720 (	(individual)	03	Form 4720 (other tha	n individual)			09	
orm 990-PF	•	04	Form 5227		10			
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	(trust other than above)	06	Form 8870				12	
	ERIC W SANDERS,		•					
The book	s are in the care of ► 130 NICKERSON S	TREET. S	SUITE 304 SEATTL	E WA 98109				
		,						
Telephone	e No. ▶ 206 682-1770	F	Fax No. ▶					
-	anization does not have an office or place of			ck this box			🏲 [	
	or a Group Return, enter the organization's for					. If t	_	
	e group, check this box					_ · ·· · and a		
	e names and EINs of all members the extensi		art or the group, encour			una u	llaon	
	est an automatic 6-month extension of time un		11/15 20	19 , to file the exempt	oro	aniza	tion retu	
- 1	organization named above. The extension is			, to file the exempt	Oig	arnza	tion retai	
ioi tile	organization named above. The extension is	ioi tile oig	ganization's return for.					
$\triangleright$ $x$	calendar year 20 18 or							
	tax year beginning	20	and anding		20			
	tax year beginning	, 20	, and ending	,	20_	—.		
2 If the ta	ax year entered in line 1 is for less than 12 m	onthe char	ok roacon: Initial r	eturn Final returr	,			
	change in accounting period	ionins, chec	K reason miliar i	etuin i inai retuii				
	application is for Forms 990-BL, 990-PF, 9	00-T 4720	or 6060 onter the	tontativo tax loss any				
	undable credits. See instructions.	90-1, 4720	o, or occa, enter the	tentative tax, less any	٥-	•		0
		4720 0	. COCO	ofundable avadite and	3a	<b>&gt;</b>		0.
	application is for Forms 990-PF, 990-T,		-		٠.			^
	ted tax payments made. Include any prior yea				3b	\$		0.
	te due. Subtract line 3b from line 3a. Include		ent with this form, if re	quirea, by using EF1PS				0
-	onic Federal Tax Payment System). See instru			E 0.450 - 20 : -	3c	_		0.
•	u are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	ee ⊦orm 8453-EO and Form	1887	′9-EO	tor payme	∍nt
nstructions.						000		
or Privacy A	Act and Paperwork Reduction Act Notice, see instr	ructions.			Forn	ո 8868	<b>B</b> (Rev. 1-2	2019)

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Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1		describe the organization's mission:	
2		organization undertake any significant program services during the year which were not listed on the	No
	If "Yes,"	orm 990 or 990-EZ? Yes X describe these new services on Schedule O.	) NO
3	services	e organization cease conducting, or make significant changes in how it conducts, any program s?	] No
4	Describ expense	the the organization's program service accomplishments for each of its three largest program services, as measure es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otal expenses, and revenue, if any, for each program service reported.	
4a	(Code: ATTA	) (Expenses \$267,564. including grants of \$) (Revenue \$)  **CHMENT 2*	
4b	(Code:	) (Expenses \$	
		ERS BUREAU - DRAWING FROM A VETTED POOL OF LEADING CULTURAL TS AND SCHOLARS, OUR SPEAKERS BUREAU PROVIDES CONVERSATIONAL	
		RES THAT ARE ALWAYS FREE AND OPEN TO THE PUBLIC. TOPICS ARE	
	AS DI	VERSE AS THE COMMUNITIES THEY SERVE, WITH 35 SPEAKERS	
		ING EVERYTHING FROM HISTORY TO POLITICS, MUSIC, PHILOSOPHY,	
		VERYTHING IN BETWEEN. ALMOST 12,000 PEOPLE ATTENDED 337	
		ERS BUREAU PRESENTATIONS IN 127 COMMUNITIES ACROSS THE	
	ENTIR	ETY OF WASHINGTON STATE IN 2018.	
4c	(Code:	) (Expenses \$) (Revenue \$)	
	<u> </u>	CHMENT 3	
4d	Other p	rogram services (Describe in Schedule O.)	
4.	(Expens	ses \$ 424,266. including grants of \$ ) (Revenue \$ )	

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		Х	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		
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,	•		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ŭ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	ıza	21	
U	"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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
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		Х
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
	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	Х	
	- comesoc covernment on Fattia column (a) line 17 il 168 COMDIGIE SCHEONET PARS L'ANGTI	ZI		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
-	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ŭ	was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		
02	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		<u> </u>
0.7	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		$\vdash$
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	1
Part				
- art	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is contained a copolice of note to any into in the fact v		Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	. opo-table gammig (gamemig) minimge to prize miniote. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 14						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
h	If "Yes," enter the name of the foreign country:						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
E 0		5a		Х			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30					
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		Х			
	contact any continuations that were not tax accadence as chartague continuations.						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.					
_	gifts were not tax deductible?	6b					
	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	77				
	and services provided to the payor?	7a	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37			
	required to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the 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					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · · ·	14b					
	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					
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
. •	If "Yes," complete Form 4720, Schedule O.						

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

Sect	ion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21				
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or 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 990 was filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:		v		
а	The governing body?	8a	X		
	Each committee with authority to act on behalf of the governing body?	8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X	
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 Codo	. 1	Λ	
Secu	on B. Folicies (This Section B requests information about policies not required by the internal Nevenue	Code	·/ Yes	No	
40.	D'il the come c'est's a hard shortest have been seen (C'estes O	10a		X	
	Did the organization have local chapters, branches, or affiliates?	104			
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b			
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X		
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a		12a	Х		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give				
b	rise to conflicts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
·	describe in Schedule O how this was done	12c	X		
13	Did the organization have a written whistleblower policy?	13	Х		
14	Did the organization have a written document retention and destruction policy?	14	Х		
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	X		
b	Other officers or key employees of the organization	15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b			
Secti	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► WA,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and	
0.0	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and record ERIC W SANDERS, 130 NICKERSON STREET, SUITE 304 SEATTLE, WA 98109 206-682-1770	s 🟲			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

						•				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	unles	Pos neck ss pe	erson	e than control Highest compensated employee	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			ee			sated				
(1)RYAN BOOTH	1.00									
TRUSTEE	0.	X						0.	0.	0.
(2)KAREN FRASER	1.00	^					_	0.	0.	<u> </u>
TRUSTEE	0.	X						0.	0.	0.
(3)DEBRA HOLLAND	3.00	1						0.	0.	<u> </u>
CHAIR	0.	X		Х				0.	0.	0.
(4)ELIZABETH "BETH" JOFFRION	1.00	21		21				0.	0.	-
TRUSTEE	0.	Х						0.	0.	0
(5)DAN LAMBERTON	1.00	21						· · ·	· ·	-
TRUSTEE	0.	Х						0.	0.	0.
(6)TAMMY MILLER	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)MARY PEMBROKE-PERLIN	3.00									
DEVELOPMENT CHAIR	0.	Х		Х				0.	0.	0
(8)JOAN PENNEY	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(9)BRIDGET PIPER	1.00									
TRUSTEE	0.	Х						0.	0.	0
(10)DAVID POWERS	3.00									
CHAIR-ELECT	0.	Х		Х				0.	0.	0
(11)JANE REICH	1.00									
TRUSTEE	0.	Х						0.	0.	0
(12)GARY STOKES	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13)CARLI SCHIFFNER	1.00									
TRUSTEE	0.	Х						0.	0.	0
(14)COLLEEN ROZILLIS	3.00									
TREASURER/SECRETARY	0.	Х		Х				0.	0.	0

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JSA.

(A)	(B)			((	C)			(D)	(E)		(F)	
Name and title	Average				ition			Reportable	Reportable	1	Estimated	ł
	hours per	(do r	not ch			than o	ne	compensation	compensation from		mount o	
	week (list any		, unless person i				from	related		other		
	hours for					or/trust		organizations		npensati		
	related	ndi or d	nsti	Officer	Key employee	High	Former	organization	(W-2/1099-MISC)		rom the	
	organizations below dotted	/idu irec	tuti	ĕ	em	lest	ner	(W-2/1099-MISC)			ganization nd relate	
	line)	tor al tr	ona		обу	con					anizatio	
		Individual trustee or director	Institutional trustee		ee	Highest compensated employee						
		ee	stee			nsa						
			W			ted						
5) MARY WINKES	1.00											
TRUSTEE	0.	X						0.	0.			(
6) ELISABETH MERMANN-JOZWIAK	3.00											
PROGRAM COMMITTEE CHAIR	0.	Х		Х				0.	0.			(
7) JOE ROSS	1.00											_
TRUSTEE		Х						0.	0.			(
8) TERA BEACH	1.00											
TRUSTEE		Х						0.	0.			
		- 2						0.	0.			_
9) KIMBERLY BELLAMY-THOMPSON	1.00											
TRUSTEE	0.	X						0.	0.			
O) PEDRO (XAVIER) CAVAZOS	1.00											
TRUSTEE	0.	Х						0.	0.			
1) SUSAN "SUE" MCNAB	1.00											
TRUSTEE	0.	Х						0.	0.			
2) JULIE ZIEGLER	45.00											
EXECUTIVE DIRECTOR	0.			Х				123,600.	0.		16,8	308
3) ERIC SANDERS	35.00											
CHIEF FINANCIAL OFFICER				Х				76,420.	0.		12,1	10
								, , , , , , , , , , , , , , , , , , , ,			•	
lb Sub-total							$\blacktriangleright$	0.	0.			
c Total from continuation sheets to Part VII	Section A						•	200,020.	0.		28,9	1(
d Total (add lines 1b and 1c)							•	200,020.	0.		28,9	1
2 Total number of individuals (including but n							re	ceived more than	\$100,000 of			
reportable compensation from the organizar			L	u u.		, <b></b>			Ψ. 100,000 0.			
											Yes	ı
B Did the organization list any former of	ficar directo	r or	tru	ıcto	^	·0\/ 0	mn	Joyco or highes	t componented			Ė
B Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3		
										3		
For any individual listed on line 1a, is the	e sum of rep	ortab	le c	om	per	satior	n ar	nd other compens	sation from the			
organization and related organizations												
individual										4		-
5 Did any person listed on line 1a receive												
for services rendered to the organization? If	"Yes," comple	te Scł	nedu	ıle J	for	such	per	son		5		:
Section B. Independent Contractors		_							·			

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\triangleright$  0.

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#### Part VIII Statement of Revenue

			(A) Total revenue	<b>(B)</b> Related or	(C) Unrelated	(D) Revenue
				exempt function revenue	business revenue	excluded from ta under sections 512-514
1 a	Federated campaigns 1a					
1 a k	Membership dues 1b					
	9	162,991.				
· c	9					
5   €	, , ,	1,105,811.				
f	, , , , , , , , , , , , , , , , , , , ,	410,497.				
3		6,188.				
9 1 P			1,679,299.			
		Business Code				
2a						
k						
'						
f	All other program service revenue					
		▶	0.			
3	Investment income (including dividends					
	and other similar amounts)	▶	22,604.			22,60
4	Income from investment of tax-exempt bond pr		0.			
5	Royalties	(ii) Personal	0.			
		(ii) i cisoriai				
6a						
l k						
		▶	0.			
7a	(i) Securities	(ii) Other				
	assets other than inventory 384,858.					
k	Less: cost or other basis					
	and sales expenses 373,545.					
0	,					
١ ،	Net gain or (loss)	▶	11,313.			11,31
8a						
	evente (not morading ¢					
8a	of contributions reported on line 1c).  See Part IV, line 18	6,678.				
l t		69,353.				
		▶	-62,675.			-62,67
9a	0 0	0.				
.	See Part IV, line 19	0.				
k			0.			
10a	Gross sales of inventory, less	0.				
	returns and allowances	0.				
k			0.			
		Business Code				
11a	OTHER REVENUE	900099	19,724.			19,72
k						
(	·					
١,					l .	1
'	All other revenue		19,724.			

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#### 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).

	Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
<u>Do</u>			(B)		(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	(C) Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	42,742.	42,742.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	228,936.	162,483.	31,289.	35,164.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	412,297.	317,041.	19,020.	76,236.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	21,646.	16,645.	999.	4,002.
9	Other employee benefits	50,987.	39,207.	2,352.	9,428.
10	Payroll taxes	52,621.	40,227.	2,395.	9,999.
11	Fees for services (non-employees):				
а	Management	0.			
b	Legal	0.		00.602	
	Accounting	22,693.		22,693.	
	Lobbying	10,000.		10,000.	42.025
	Professional fundraising services. See Part IV, line 17.	43,825.		6,534.	43,825.
1	f Investment management fees	0,534.		0,534.	
Q	Other. (If line 11g amount exceeds 10% of line 25, column	7,712.	4,313.	2,783.	616.
	(A) amount, list line 11g expenses on Schedule O.)	20,251.	19,878.	114.	259.
	Advertising and promotion	28,000.	22,766.	1,321.	3,913.
13	Office expenses	3,214.	1,894.	375.	945.
14	Information technology	0.	1,001.	3,3.	
15 16	Royalties	48,085.	36,390.	3,615.	8,080.
17	Occupancy	39,807.	28,738.	10,342.	727.
18	Payments of travel or entertainment expenses	, , , , ,		.,-	<u></u>
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	4,689.		4,689.	
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	16,410.	12,763.	1,823.	1,824.
23	Insurance	4,201.	3,203.	541.	457.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
•	REPAIRS AND MAINTENANCE	4,930.	4,930.		
-	DIRECT PROGRAM EXPENSES	392,126.	392,126.		
-	DUES & FEES	39,111.	25,028.	4,742.	9,341.
C	MISCELLANEOUS EXPENSES	4,100.	2,610.	783.	707.
e	All other expenses	1 504 015	1 150 004	105 410	005 500
	Total functional expenses. Add lines 1 through 24e	1,504,917.	1,172,984.	126,410.	205,523.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
_	following SOP 98-2 (ASC 958-720)	0.			

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#### Part X Balance Sheet

		Check if Schedule O contains a response of	r note	e to any line in this Pa	art X		
_		·		,	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			94,197.	1	123,645.
	2	Savings and temporary cash investments			365,702.	2	471,658.
	3	Pledges and grants receivable, net			46,132.	3	96,861.
	4	Accounts receivable, net		[	0.	4	0.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	omper	nsated employees.			
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	ons (as	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
		organizations (see instructions). Complete Part II of Sche			0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
•	9	Prepaid expenses and deferred charges			28,516.	9	28,141.
	10 a	Land, buildings, and equipment: cost or					
			10a	159,781.			
	b	Less: accumulated depreciation	10b	110,959.	60,867.	10c	48,822.
	11	Investments - publicly traded securities			828,936.	11	787,507.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			4,275.	15	7,275.
	16	Total assets. Add lines 1 through 15 (must equal			1,428,625.	16	1,563,909.
	17	Accounts payable and accrued expenses			43,268.	17	47,775.
	18	Grants payable			17,140.	18	18,890.
	19	Deferred revenue	6,046.		38,596.		
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0.	21	0.
Ś	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
abil		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			5,546.	25	4,502.
	26	Total liabilities. Add lines 17 through 25			72,000.	26	109,763.
		Organizations that follow SFAS 117 (ASC 958),		k here 🕨 🗓 and			
Fund Balances		complete lines 27 through 29, and lines 33 and					
<u>a</u>	27	Unrestricted net assets			824,040.	27	824,929.
Ba	28	l emporarily restricted net assets			271,002.	28	367,634.
pu	29	Permanently restricted net assets			261,583.	29	261,583.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 💹 and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
	32	Retained earnings, endowment, accumulated incomment				32	
Net	33	Total net assets or fund balances	•	• • • •	1,356,625.	33	1,454,146.
_	34	Total liabilities and net assets/fund balances			1,428,625.	34	1,563,909.
_					· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2018)

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Part						
	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			70,2	
2	2 Total expenses (must equal Part IX, column (A), line 25)					17.
3	Revenue less expenses. Subtract line 2 from line 1	3			65,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			56,6	
5	Net unrealized gains (losses) on investments	5		_	67,8	327.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1,4	54,1	46.
Part	· •					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		· · -	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	n a			
	separate basis, consolidated basis, or both:					
	X 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	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according	counta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth			_	
	the Single Audit Act and OMB Circular A-133?		· · ⊢	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				37	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	X	

#### SCHEDULE A (Form 990 or 990-EZ)

### **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.

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OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number HUMANITIES WASHINGTON 51-0191115 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,316,207.	1,267,514.	1,262,628.	1,184,375.	1,679,299.	6,710,023.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,316,207.	1,267,514.	1,262,628.	1,184,375.	1,679,299.	6,710,023.
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)						194,591.
6	Public support. Subtract line 5 from line 4						6,515,432.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	1,316,207.	1,267,514.	1,262,628.	1,184,375.	1,679,299.	6,710,023.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,350.	16,395.	20,801.	19,336.	22,604.	96,486.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	1,216.	2,775.	2,692.	13,485.	19,724.	39,892.
11	Total support. Add lines 7 through 10						6,846,401.
12	Gross receipts from related activities, etc. (s	,				12	
13	First five years. If the Form 990 is for organization, check this box and stop here			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						0E 17a
14	Public support percentage for 2018 (lin		-			14	95.17 <b>%</b> 93.81 <b>%</b>
15	Public support percentage from 2017	•	•			15	
16a	331/3% support test - 2018. If the org						
	box and <b>stop here.</b> The organization qu	•		•			
b	331/3% support test - 2017. If the org						
17-	this box and stop here. The organization	-		-			
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization Part VI how the organization meets t					•	•
	<del>-</del>			=	-		
L	organization						
b	15 is 10% or more, and if the organization in Part VI how the organization	anization meets	the "facts-and	-circumstances'	test, check th	nis box and <b>sto</b>	p here.
18	supported organization						▶ □
	instructions					abadula A /Farm 0	

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#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, i	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
6 7a	Ţ						
ıa	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b						
o	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 20	(2) 20:0	(0) 20 10	(4) 20 11	(0) 20 10	(.,
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	,						
•	acquired after June 30, 1975						
11	Net income from unrelated business activities not included in 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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		tionin first	 	on fifth '		E04(-)(0)
14	First five years. If the Form 990 is for	•	•		•		` ^ ` /
500	organization, check this box and stop here.						
15	tion C. Computation of Public Support Public support percentage for 2018 (line 8,			mn (f))		45	0/
						. 15	<u>%</u>
16 Sec	Public support percentage from 2017 Sche tion D. Computation of Investment					16	%
				13 column (f))		17	%
17 19	Investment income percentage for 2018 (lin						% %
18	Investment income percentage from 2017 S					18	
ıya	331/3% support tests - 2018. If the org						
L	17 is not more than 331/3%, check thi		_				
a	331/3% support tests - 2017. If the orgaline 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization of		-	•			
20	a.a roundation. II the organization t	ara mor oncor	a box on mie	,	, oncor una D	on and see mist	40110110

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.**
- 10 a 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 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.)

		Yes	No
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11 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 in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described (ii) allow?  A family member of a person described (iii) allow?  11 Jish A sobjective organization described (iii) allow?  12 Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of directors or trustees at all times during the tax year? If "I've," describe in Part VI how the supported organization is directors or controlled the organizations and what conditions or restrictions, if any, applied to such powers during the supported organizations and what conditions or restrictions, if any, applied to such powers during the supported organization of the supporting Organization of the supported organization of the supporting Organization or an supported organization of the supporting organization or trustees of each of the organization or supported organization of the supporting Organizations and what conditions or restrictions, if any, applied to such powers during the tax year also a majority of the directors or trustees of the supported organization of the supporting organization.  1 Were a majority of the organization or supported organization or trustees of each of the organization or or management of the supporting organizations.  1 Were any of the organization produce to each of its supported organization, but he extent not previously provided?  2 Were any of the organization organizations and supported organization, but he extent not previously provided?  2 Were any of the organization supported organizations and explained a close and continuous working relationshing the use of the organization is a propertied organization is necessary and the supported or	Part	V Supporting Organizations (continued)			- 5 -
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or indirectly cortrols, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 3 A 3% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 3 Section B. Type I Supporting Organizations 4 Type II Supporting Organizations 5 Type II Supporting Organizations or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is 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 sachiales. If the organization and more han one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization constitutions and what conditions or restroints, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization organization in the supported organization and the supported organization and the supported organization and the supported organization was vested in the same persons that controlled or managed the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is tax year, (i) a copy of the Form 1990 that was most recently flied as of the date of notification, and (iii) copies of the organization sylvarian provided a close and continuous working religiously and the supported organization was responsive? If Yes, "describe in Part VI h	· ait	Capporting Organizations (Continuou)		Yes	Nο
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 33% controlled antity of a person described in (a) above?  c A 33% controlled antity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year. "In "No," describe in Part VI how the supported organization's derivative younged supported organization's three discosted among the supported organization's activities. If the organization had more than one supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the director's or trustees or trustees decided among the supported organization what the powers to appoint and/or far yaupported organization's three than the supported organization with the power to restrict the supported organization or trustees or trustees of each of the organization's three purposes of the supported organization's upported organization's three purposes of the supported organization's three purposes of the organization's three purposes of the organization's three purposes of the organization or three purposes of the organization's powering documents in effect on the date of notification, to the extent not previously provided?  1 Did the organization is appointed organization three supported organization's provided organization's powering organization's powering three provided organization's provided organization's provided organization's provided organization's provided organization's provided organization's pro	11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
below, the governing body of a supported organization?  b. A family member of a person described in (a) above?  c. A 35% controlled anilty of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Yes. No  1. Did the directors, trustees, or membership of one or more supported organizations have the power to regulately appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of effectively operated, supervised, or controlled the organization as activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were eliccated among the supported organizations and what conditions or resistions, If any, applied to such powers during the tax year.  2. Did the organization operate for the benefit of any supported organization of the than the supported organization in the supported organization in the supported organization in the supported organization of the supported organization and was organization and the supported organization of the supported organization of the supported organization of the supported organization of the supported organization or management of the supporting organization was vested in the same possons that controlled or managed the supported organization provided to each of its supported organizations to the organization or the supported organization in the supported organization or the supported organization or the supported organization or the organization of the organization or the organization or the organization of the organization of the organization or supported organizations between the provided organization and (iii) copyed of the form 990 that was meet tecently filed as of the detail of rodification and (iii) copyed the organizatio					
b A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," diseache in Part VI how the supported organization's described for appoint and/or remove directors or trustees est all times during the tax year.  2 Did the organization's activities. If the organization had more than one supported organization, describe how the power's to appoint and/or remove directors or trustees est elicated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization's activities of any supported organization the than the supported organization that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, organization's the purposes of the supported organization (s) that operated, organization's directors or trustees during the tax year site or many that operated.  1 Were a majority of the organization's directors or trustees during the tax year site or many that operated organization or supported organization or trustees of each of the organization's directors or trustees and the organization's directors or trustees during the tax year site or many that the organization or trustees of organization organization organization organization organization organization organization organization organization and (s) organization	-		11a		
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's experience organization, and what conditions are divisited the organization and what conditions are divisited the organization on schribles. If the organization and more than one supported organization, and experienced, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations  1. 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 was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization is supported organization in Part VI how the supported organization is governing documents in effect on the date of onficiation, and iii opeies of the organization's soverning documents in effect on	b				
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year; (1 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1					
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' 'describe in Part V how the supported organization's activities or appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions. If any, applied to such powers during the tax year, and that operated, supervised, or controlled the supported organization other than the supported organization (s) that operated, supervised, or controlled the supported organization other than the supported organization other than the supported organization of the supported organization or trustees of each of the organizations as vested in the same persons that controlled or managed the supported organization 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 organizations of yearing 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 organization's by organization's experiment of a close and continuous working relationship with the supported organization's supported organization's organization's under the continuous working relationship the use of the organization's supported organization's experiment organization's ex					
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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).  3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  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).  a 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.  c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  2 Activities Test. Answer (a) and (b) 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 described in (a) constitute activities that, but for the organization in Part VI the reasons for the organization's position that its supported organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  3 Par					
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			3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	_		•
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
e Discount claimed for blockage or other	- Iu		
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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-functionall	y integra	ted Type III supporting	g organization (see
instructions).			'

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

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

SCHEDULE A, PART II - OTHER INCOME									
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL			
MISCELLANEOUS INCOME	1,216.	2,775.	2,692.	13,485.	19,724.	39,892.			
TOTALS	1,216.	2,775.	2,692.	13,485.	19,724.	39,892.			

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

**Employer identification number** 

HUMANITIES WASHINGTON 51-0191115 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization HUMANITIES WASHINGTON

Employer identification number 51-0191115

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1		\$ \$ 858,701.	Person   X					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3_		\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
6		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization HUMANITIES WASHINGTON

Employer identification number 51-0191115

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization HUMANITIES WASHINGTON

Employer identification number 51-0191115

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 1 Opcity	( JOCO II IOLI GOLIOTIO).	. Obe auplicate copic	o oi i ait ii ii aaailioila	i opace is riceaca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization HUMANITIES WASHINGTON **Employer identification number** 51-0191115 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

•	Section 501(c)(3) organizations	that have filed Form 5766 (election u	idei section 50 i(ii)). Co	implete Part II-A. Do not con	ipiele Part II-b.					
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (elect	ion under section 501(h	)): Complete Part II-B. Do no	t complete Part II-A.					
Tax)	(see separate instructions), ther		/ Tax) (see separate i	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy					
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.								
	e of organization			• •	ntification number					
	IANITIES WASHINGTON			51-019						
Pai	-	organization is exempt under								
1	-	organization's direct and indirect	political campaign a	ctivities in Part IV. (see ir	structions for					
	definition of "political campa									
2	Political campaign activity ex	xpenditures (see instructions)		▶ \$						
3	Volunteer hours for political	campaign activities (see instruction	ns)							
Par		organization is exempt under								
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 <b>▶</b> \$						
2		cise tax incurred by organization m								
3		a section 4955 tax, did it file Form								
					Yes No					
	If "Yes," describe in Part IV.		(! <b>FO</b> 4/-)		<u>,                                      </u>					
Par	<u> </u>	organization is exempt under			).					
1		expended by the filing organization								
2		ng organization's funds contribute es								
3	Total exempt function expe	enditures. Add lines 1 and 2. Er	nter here and on Fo	orm 1120-POL,						
<b>4 5</b>	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such									
	(a) Name	nd or a political action committee (  (b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and					
				funds. If none, enter -0	promptly and directly delivered to a separate political organization. If none, enter -0					
(1)										
(2)										
(3)										
(4)			-							
(5)										
(6)			_							

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

Schedule C (Form 990 or 990-EZ) 2018

Sch	edule C (Form 990 or 990-EZ) 2018 HU	MANITIES WAS	HINGTON		51-0	191115 Page 2
Pa	art II-A Complete if the organ section 501(h)).	nization is exen	npt under section	501(c)(3) and	filed Form 5768 (ele	ction under
A					ch affiliated group mem	ber's name,
В	Check ▶ if the filing organization			•	у.	
	Limits on	Lobbying Expend	ditures		(a) Filing	(b) Affiliated
_	(The term "expenditure		•		organization's totals	group totals
	<ul><li>Total lobbying expenditures to influ</li><li>Total lobbying expenditures to influ</li></ul>					
c	: Total lobbying expenditures (add li	ines 1a and 1b) .				
C	d Other exempt purpose expenditure	es				
e	Total exempt purpose expenditure	s (add lines 1c an	d 1d)			
f	Lobbying nontaxable amount. En	iter the amount f	rom the following	table in both		
	columns.					
	If the amount on line 1e, column (a) or	(b) is: The lobbyin	g nontaxable amount	s:		
	Not over \$500,000	20% of the a	amount on line 1e.			
	Over \$500,000 but not over \$1,000,00	00 \$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	000 \$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000	0,000 \$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (er	•		_		
	Subtract line 1g from line 1a. If zer					
	Subtract line 1f from line 1c. If zero					
j	If there is an amount other than		•	J		
	reporting section 4911 tax for this					Yes No
			aging Period Under	` '		
	(Some organizations that m					ıns below.
		See the separat	te instructions for I	ines 2a through :	2f.)	
		Lobbying Exper	nditures During 4-Ye	ear Averaging Per	iod	
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) Total
28	Lobbying nontaxable amount					
k	Lobbying ceiling amount (150% of line 2a, column (e))					
(	Total lobbying expenditures					
c	Grassroots nontaxable amount					

Schedule C (Form 990 or 990-EZ) 2018

e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

	(election under section 501(h)).	1.		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
•	referendum, through the use of: Volunteers?	Х				
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
C	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?	Х				150
e	Publications, or published or broadcast statements?	Х				300
f	Grants to other organizations for lobbying purposes?	X			2	27,158
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				7,279
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		X			
j	Total. Add lines 1c through 1i				3	84,887
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	( ) ( = )				
Pal	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6).				Υe	s No
	Ware substantially all (000) or mare) dues respired and duetible by members?				1	3 110
1	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
2 3	Did the organization make only in-nouse lobbying expenditures of \$2,000 of less?  Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3	
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					is
	answered "Yes."	`	•		,	
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts (	of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es ·		3		
1	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ie			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng			
_	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	<b>Supplemental Information</b> ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d arou	ın lint	\. Dort	I A lines	1 000
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u grot	ıp iisi	), Part	II-A, IIIIes	s i and
- (30	e instructions), and i art ii-b, line ii. Also, complete this part for any additional information.					
SEI	PAGE 4					

Schedule C (Form 990 or 990-EZ) 2018

#### Part IV Supplemental Information (continued)

PART II-B, LINE 1, LOBBYING ACTIVITIES

AT THE FEDERAL LEVEL, HW'S LOBBYING ACTIVITIES INCLUDE ATTENDANCE BY
BOARD MEMBERS AND STAFF AT THE ANNUAL HUMANITIES ON THE HILL EVENT EACH
MARCH, A CONGRESSIONAL ADVOCACY EFFORT OF THE FEDERATION OF STATE
HUMANITIES COUNCILS (FSHC) IN SUPPORT OF THE NATIONAL ENDOWMENT FOR THE
HUMANITIES. A PORTION OF HW'S ANNUAL DUES TO THE FSHC IS USED TO ADVOCATE
TO CONGRESS ON BEHALF OF THE 56 STATE AND TERRITORIAL HUMANITIES
COUNCILS. AT THE STATE LEVEL, HW BOARD MEMBERS AND STAFF PARTICIPATE IN
THE HERITAGE CAUCUS, AS WELL AS THE ANNUAL ARTS & HERITAGE DAY, A TWO-DAY
EVENT EACH FEBRUARY IN OLYMPIA SPONSORED BY THE WASHINGTON STATE ARTS
ALLIANCE THAT BRINGS TOGETHER ARTISTS, ARTS, HUMANITIES AND HERITAGE
LEADERS, AND CULTURAL PROFESSIONALS FROM ACROSS WASHINGTON STATE TO
ADVOCATE TO THE WASHINGTON STATE LEGISLATURE IN SUPPORT OF STATE ARTS,
HUMANITIES, AND HERITAGE ISSUES. HW BOARD MEMBERS AND STAFF ALSO MAKE
PERIODIC VISITS TO SELECTED FEDERAL AND STATE LEGISLATORS IN SUPPORT OF
FEDERAL AND STATE FUNDING FOR THE HUMANITIES.

## SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

HUN	MANITIES WASHINGTON	51-0191115
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	Yes No_
Pa	Conservation Easements.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	Control of the contro
		f a historically important land area
		f a certified historic structure
2	Preservation of open space	the form of a concentration
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the easement on the last day of the tax year.	Held at the End of the Tax Year
_	Total number of conservation easements	2a
a b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
ű	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	·
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	ervation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	al statements that describes the
	organization's accounting for conservation easements.	Cincilar Assats
Fa	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ	evenue statement and balance sheet ation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re works of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	<b></b> \$

**b** Assets included in Form 990, Part X....

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	asures, o	r Other	Similar Assets	continu		age <b>=</b>		
3	Using the organization's acquisition	on, accession, and o	ther records, check	any of th	e follow	ring that are a sig	nificant	use c	f its		
	collection items (check all that app	ly):									
а	Public exhibition		d Loan o	r exchange	e prograr	ns					
b	Scholarly research		e Other								
С	Preservation for future gene	rations									
4	Provide a description of the organ	nization's collections	and explain how t	hey furthe	r the org	ganization's exem <sub>l</sub>	ot purpo	se in	Part		
	XIII.										
5	During the year, did the organization								,		
	assets to be sold to raise funds rath		ined as part of the o	organizatio	n's collec	tion?	Yes		No		
Pa	Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1 a	Is the organization an agent, truste	e, custodian or othe	r intermediary for c	ontributions	s or other	r assets not					
	included on Form 990, Part X?						Yes		No		
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tab	ole:							
						Amour	ıt				
С	Beginning balance			1c							
d	Additions during the year			1d							
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an am						Yes		No		
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been p	rovided	on Part XIII					
Pa	rt V Endowment Funds.		" <b>-</b> 000 <b>-</b>		4.0						
	Complete if the organiza						1				
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Fou				
1 a	Beginning of year balance	364,959.	317,967.	298	3,399.	312,450.			479.		
b	Contributions							100,	000.		
С	Net investment earnings, gains,	00 025	46.000	1.0		14 051		_	0.171		
	and losses	-22,237.	46,992.	15	,568.	-14,051.		5,	971.		
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	342,722.	364,959.	215	067	200 200		212	4 E O		
g	End of year balance	l			7,967.			31Z,	450.		
2 a	Provide the estimated percentage Board designated or quasi-endown	nent ▶	end balance (line 1g, _%	column (a)	) held as	:					
b	Permanent endowment ▶ 76.3										
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, a	and 2c should equal 1	00%.								
3a	Are there endowment funds not in	the possession of th	e organization that	are held ar	nd admir	istered for the					
	organization by:							Yes	No		
	(i) unrelated organizations						3a(i)		X		
	(ii) related organizations						3a(ii)		X		
_	If "Yes" on line 3a(ii), are the relate	•	•				3b				
4	Describe in Part XIII the intended u		ion's endowment fur	nds.							
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ו <b>וףment.</b> ation answered "Ye	es" on Form 990. I	Part IV. lin	e 11a. S	See Form 990. P	art X. lir	ne 10	_		
	Description of property	(a) Cost or	other basis (b) Cost of	or other basis	(c) Acc	cumulated	(d) Book v				
		(invest	ment) (o	ther)	depr	eciation					
_	Land										
b	Buildings			23,706.		11 052		11 0	152		
С	Leasehold improvements		1	36,075.		11,853. 99,106.		11,8 36,9			
d	Equipment			.50,0/5.		<i>55</i> ,⊥∪0.		30,5	709.		
	Other		000 Port V 22/:	2 (D) line 1	(Co.)			48,8	222		
ıota	I. Add lines 1a through 1e. (Column	(u) must equal Forn	ı ээυ, <i>Рап</i> х, соіиті	ı (⊅), iine 1	υ <i>ι.)</i>	•		±0,8	24.		

Schedule D (Form 990) 2018 Page **3** 

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	) Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on:
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	I "Yes" on Form 990	), Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)			,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11d. See Form 990,	Part X, line 15.
		scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) i	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	), Part IV, line 11e or 11f. See Form	n 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie e	
	ral income taxes			
(2) CAPI	TAL LEASE OBLIGATION	4,	502.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b> 4,	502.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2018 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,627,125.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
_	Donated services and use of facilities	1	
b	Recoveries of prior year grants		
C	recoveries of prior year grants.	1	
d		2e	-36,606.
e	Add lines 2a through 2d	3	1,663,731.
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7h  6,534.		
a	investment expenses not included on Form 330, Fait Vin, line 75.	1	
b	Other (Describe iii) art Aiii.)	4c	6,534.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	1,670,265.
Part		_	
Tart	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 500 604
1	Total expenses and losses per audited financial statements	1	1,529,604.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	31,221.
3	Subtract line 2e from line 1	3	1,498,383.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,534.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	6,534.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,504,917.
Provid	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4b; Part IV, lines 1b and 2b; Part III, lines 1a and 4b; Part IV, lines 1b and 2b; Part III, lines 1b		
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		
-			

JSA 8E1271 1.000

Page 5

#### Part XIII Supplemental Information (continued)

PART V, LINE 4

HW'S ENDOWMENT CONSISTS OF VARIOUS FUNDS ESTABLISHED FOR THE PURPOSE OF PROVIDING LONG-TERM STABILITY FOR HW.

HUMANITIES WASHINGTON

PART X, LINE 2

HW EVALUATES ITS UNCERTAIN TAX POSITIONS AND A LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A LIABILITY HAS BEEN INCURRED AND THE AMOUNT CAN BE REASONABLY ESTIMATED.

#### SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Inspec

Name of the organization					Employer identification	on number
HUMANITIES WASHINGTON					51-0191115	
Fundraising Activities. Co				"Yes" on Form 9	990, Part IV, line	17.
1 Indicate whether the organization ra				activities. Check a	all that apply.	
a X Mail solicitations	e	_	•	non-government g		
<b>b</b> X Internet and email solicitations	f			government grants		
c X Phone solicitations	g	— · · · · · ·		ising events	,	
V	9	She	Jiai Tullula	ising events		
··· p · · · · · · · · · · · · · · · ·						
2a Did the organization have a written						X Yes No
or key employees listed in Form 99 <b>b</b> If "Yes," list the 10 highest paid in						
compensated at least \$5,000 by the		(rundraise	is) pursua	nt to agreements	under which the	iundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		col. (i)	organization
1						
ATTACHMENT 1						
2						
3						
4						
5						
6						
0						
7						
8						
9						
10						
Total				285,000.	29,225.	255,775.
3 List all states in which the organiz registration or licensing.						·

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 Page 2

Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts great the second sec	aising event contribut							
		<u> </u>	(a) Event #1 BEDTIME SEATTLE (event type)	(b) Event #2 BEDTIME SPOKAN (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))				
Revenue	1	Gross receipts	128,541.	41,128.		169,669				
፠	2	Less: Contributions Gross income (line 1 minus	128,541.	34,450.		162,991				
		line 2)		6,678.		6,678				
		Cash prizes								
s	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
ct Exp	7	Food and beverages								
Dire	8	Entertainment								
	9	Other direct expenses	47,278.	22,075.		69,353				
	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> </u>	69,353				
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	janization answered " ne 6a. '	Yes" on Form 990, F	Part IV, line 19, or					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
<u>~</u>	_1	Gross revenue								
Expenses	2	Cash prizes								
Expe	3	Noncash prizes								
Direct I	4	Rent/facility costs								
_	5	Other direct expenses	Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No No	No	1				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<b>&gt;</b>					
9 a	ı	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state		Yes No				
10a		Were any of the organization's gaming	g licenses revoked, sus	pended, or terminated du	uring the tax year?	Yes No				

#### HUMANITIES WASHINGTON

Sched	lule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Part			

Schedule G (Form 990 or 990-EZ) 2018

HUMANITIES WASHINGTON 51-0191115

#### ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	CUSTODY COT CONTRI	OR CONTROL	FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
KERI HEALEY	GRANT WRITING	Σ	X	285,000.	29,225.	255,775.

13717 LINDEN AVE N, SUITE 203 SEATTLE WA 98133

## SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Name of the organization Employer identification number HUMANITIES WASHINGTON 51-0191115 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)

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

Schedule I (Form 990) (2018)

HUMANITIES WASHINGTON 51-0191115

Schedule I (Form 990) (2018)

## Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
_3					
4					
_5					
_6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

GRANT FUNDING IS AWARDED ONLY TO PROJECTS AND ORGANIZATIONS LOCATED IN
THE STATE OF WASHINGTON OR BENEFITING THOSE LIVING IN WASHINGTON STATE.
FUNDED PROJECTS ARE EXPECTED TO ADHERE TO THE BUDGET AND PROGRAM
COMPONENTS DETAILED IN THE GRANT APPLICATION. ALL GRANTS ARE TRACKED IN
HW'S DATABASE. HW STAFF AND BOARD PERIODICALLY ATTEND PROJECT EVENTS AND
PERFORM SITE VISITS. ONCE PROJECTS ARE COMPLETED, FINAL EVALUATIONS AND
BUDGETS ARE REQUIRED FROM GRANTEES, AND EXPENSES AND COST SHARE ARE
REVIEWED BY HW STAFF.

Schedule I (Form 990) (2018)

#### SCHEDULE L

## Transactions With Interested Persons

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open To Public Inspection

Employer identification number Name of the organization HUMANITIES WASHINGTON 51-0191115 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In default? (h) Approved (b) Relationship (f) Balance due (i) Written (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4)(5)(6) (7) (8)(9)(10)Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2)(3)(4)(5) (6) (7)

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

Schedule L (Form 990 or 990-EZ) 2018

(8) (9) (10) Schedule L (Form 990 or 990-EZ) 2018

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DEBRA HOLLAND	BOARD CHAIR		BANKING RELATIONSHIP		Х
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, LINE 1

DEBRA HOLLAND, THE CHAIR IS EMPLOYED AT ONE OF THE BANKS USED BY HW.

## SCHEDULE O (Form 990 or 990-EZ)

### 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 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

51-0191115

HUMANITIES WASHINGTON

FORM 990, PART I, LINE 1

AND ENGAGED COMMUNITIES ACROSS WASHINGTON STATE. HW'S LONG-TERM GOAL IS
TO NURTURE AND STRENGTHEN AN INTEGRATED SYSTEM OF INNOVATIVE HUMANITIES
EXPERIENCES THAT CONNECT WASHINGTONIANS FROM ALL BACKGROUNDS; ADVANCE
THOUGHTFUL, ENGAGED COMMUNITIES; AND SUSTAIN WASHINGTON'S CULTURAL AND
HISTORICAL HERITAGE.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES - HW'S OTHER PROGRAMS SHARE THE SAME GOAL AS ITS FAMILY READING, SPEAKERS BUREAU, AND CENTER FOR WASHINGTON CULTURAL TRADITIONS: UTILIZE READING, WRITING, LECTURES, AND EXHIBITS TO ENGAGE PEOPLE IN NEW AND CREATIVE WAYS, AND STIMULATE DISCUSSION AND CONVERSATIONS BETWEEN PEOPLE FROM A VARIETY OF BACKGROUNDS.

THINK & DRINK CONVERSATION PROGRAMS - THINK & DRINK EVENTS ENLIGHTEN, ENGAGE, AND INSPIRE AUDIENCES BY PROVIDING CONTEXT AND NEW PERSPECTIVES ON CURRENT - AND SOMETIMES CONTROVERSIAL - ISSUES IN THE CASUAL, FUN ENVIRONMENT OF PUBS AND TASTING ROOMS. DURING 2018, ALMOST 3,900 PEOPLE IN BELLINGHAM, RICHLAND, SEATTLE, SPOKANE, TACOMA, AND YAKIMA HEARD FROM SCHOLARS SUCH AS NICHOLAS KRISTOF AND DORIS KEARNS GOODWIN SPEAK ON A WIDE-RANGE OF TOPICS AND THEMES INCLUDING "MOMENT OF TRUTH: JOURNALISM AND DEMOCRACY IN THE AGE OF MISINFORMATION," "THE SPEED OF DECEIT: THE NEW ERA OF ONLINE LIES AND MISINFORMATION," AND "PRETTY, ANGRY: FEMINISM AND PROTEST FROM THE 1968 MISS AMERICA TO #METOO."

Employer identification number

51-0191115

GRANTS - COMMUNITIES AROUND WASHINGTON HAVE IMPORTANT STORIES TO TELL AND ISSUES TO DISCUSS. HW'S GRANTS PROGRAM PROVIDES THE FINANCIAL RESOURCES FOR CITIZENS TO COME TOGETHER TO TALK, DISCUSS, DEBATE, FEEL, THINK, AND TELL STORIES THROUGH THE LENS OF THE HUMANITIES. HW SUPPORTS EXISTING EFFORTS AS WELL AS NEW OPPORTUNITIES FOR GRASSROOTS PROJECTS CONCEIVED OF AND IMPLEMENTED LOCALLY. DURING 2018, 27 GRANTS WERE AWARDED THAT WILL SUPPORT 69 EVENTS SERVING ALMOST 35,500 PEOPLE.

WASHINGTON STATE POET LAUREATE - THE WASHINGTON STATE POET LAUREATE
BUILDS AWARENESS OF AND APPRECIATION FOR POETRY, INCLUDING THE STATE'S
LEGACY OF POETRY, THROUGH PUBLIC READINGS, WORKSHOPS, LECTURES, AND
COMMUNITY PRESENTATIONS AROUND THE STATE. THE 2018 - 2020 LAUREATE IS
CLAUDIA CASTRO LUNA. CASTRO LUNA FLED WAR-TORN EL SALVADOR FOR THE UNITED
STATES AT THE AGE OF 14 WITH HER FAMILY, AND WENT ON TO EARN AN MFA IN
POETRY AND AN MA IN URBAN PLANNING. AFTER WORKING AS A K-12 TEACHER, SHE
BECAME SEATTLE'S FIRST CIVIC POET, A POSITION APPOINTED BY THE MAYOR. IN
THAT POSITION, CASTRO LUNA WON ACCLAIM FOR HER SEATTLE POETIC GRID, AN
ONLINE INTERACTIVE MAP SHOWCASING POEMS ABOUT DIFFERENT LOCATIONS AROUND
THE CITY. THE POET LAUREATE PROGRAM IS CO-SPONSORED BY HW AND THE
WASHINGTON STATE ARTS COMMISSION (ARTSWA). ALMOST 8,500 PEOPLE
PARTICIPATED IN 72 POET LAUREATE EVENTS IN 38 COMMUNITIES ACROSS THE
STATE DURING 2018.

OTHER PROGRAMS - HW PRESENTS THE ANNUAL HUMANITIES WASHINGTON AWARD,

GIVEN IN MEMORY OF HEATHER C. FRANK OF YAKIMA. THE HUMANITIES WASHINGTON AWARD RECOGNIZES OUTSTANDING ACHIEVEMENT IN THE PUBLIC HUMANITIES IN TWO CATEGORIES: "PHILANTHROPY AND LEADERSHIP" AND "SCHOLARSHIP AND SERVICE."

THESE AWARDS ARE PRESENTED ANNUALLY TO TWO INDIVIDUALS OR ORGANIZATIONS WHOSE TIME AND TALENTS ENLARGE THE MEANING OF THE HUMANITIES IN OUR LIVES AND WHOSE WORK REFLECTS THE SPIRIT AND PROGRAMS OF HW. LASTLY, ON AN ONGOING BASIS, HW IS ALSO INVOLVED IN HUMANITIES-RELATED SPECIAL INITIATIVES AND AD-HOC PROJECTS.

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

A COPY OF THE ORGANIZATION'S FORM 990 IS PROVIDED TO ALL TRUSTEES. THE FINANCE COMMITTEE, WHICH IS COMPRISED OF TRUSTEES AND NON-TRUSTEE FINANCIAL PROFESSIONALS, REVIEWS AND APPROVES THE FORM 990.

THE STANDARD OF BEHAVIOR AT HW IS THAT ALL TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES, AND VOLUNTEERS SCRUPULOUSLY AVOID CONFLICTS OF INTEREST BETWEEN THE INTERESTS OF HW ON ONE HAND, AND PERSONAL, PROFESSIONAL, AND BUSINESS INTERESTS ON THE OTHER. THIS INCLUDES AVOIDING POTENTIAL AND ACTUAL CONFLICTS OF INTEREST, AS WELL AS PERCEPTIONS OF CONFLICTS OF INTEREST. A CONFLICT OF INTEREST EXISTS WHEN THE LOYALTIES OR ACTIONS OF A TRUSTEE, COMMITTEE MEMBER, EMPLOYEE, OR VOLUNTEER ARE DIVIDED BETWEEN THE INTERESTS OF HW AND THE INTERESTS OF THE TRUSTEE, COMMITTEE MEMBER, EMPLOYEE, OR VOLUNTEER. FURTHER, CONFLICTS OF INTERESTS ARE NOT PURELY LIMITED TO DIRECT AND INDIRECT FINANCIAL INTERESTS BUT INCLUDE ANY OTHER INTEREST THAT MAY INFLUENCE THE JUDGMENT OF A TRUSTEE, COMMITTEE MEMBER,

Name of the organization Employer identification number
HUMANITIES WASHINGTON 51-0191115

EMPLOYEE, OR VOLUNTEER. BOTH THE FACT AND THE APPEARANCE OF A CONFLICT OF INTEREST SHOULD BE AVOIDED.

ALL TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES, AND VOLUNTEERS UNDERSTAND
THAT THE PURPOSES OF THIS POLICY ARE TO PROTECT THE INTEGRITY OF HW'S
DECISION-MAKING PROCESS, TO ENABLE HW'S CONSTITUENCIES TO HAVE CONFIDENCE
IN HW'S INTEGRITY, AND TO PROTECT THE INTEGRITY AND REPUTATIONS OF
TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES, AND VOLUNTEERS. UPON OR BEFORE
ELECTION, HIRING OR APPOINTMENT, ALL TRUSTEES, COMMITTEE MEMBERS,
EMPLOYEES, AND VOLUNTEERS WILL MAKE A FULL, WRITTEN DISCLOSURE OF
INTERESTS, RELATIONSHIPS, AND HOLDINGS THAT COULD POTENTIALLY RESULT IN A
CONFLICT OF INTEREST. THIS WRITTEN DISCLOSURE WILL BE KEPT ON FILE AND
WILL BE UPDATED ANNUALLY, OR AS APPROPRIATE.

IN THE COURSE OF MEETINGS OR ACTIVITIES, ALL TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES, AND VOLUNTEERS WILL DISCLOSE ANY INTERESTS IN A TRANSACTION OR DECISION WHERE THEY (INCLUDING THEIR BUSINESS OR OTHER NONPROFIT AFFILIATIONS), THEIR FAMILY AND/OR SIGNIFICANT OTHER, EMPLOYER, OR CLOSE ASSOCIATES WILL RECEIVE A BENEFIT OR GAIN, FINANCIAL OR OTHERWISE. AFTER DISCLOSURE, THEY WILL BE ASKED TO LEAVE THE ROOM FOR DISCUSSION AND WILL NOT BE PERMITTED TO VOTE ON THE QUESTION.

THERE MAY ARISE SITUATIONS IN WHICH A CONFLICT OF INTEREST TRANSACTION

MAY BE IN THE BEST INTERESTS OF HW. HW MAY ENGAGE IN THE TRANSACTION ONLY

IF ALL THE FOLLOWING CONDITIONS ARE MET PRIOR TO THE TRANSACTION:

- THE PROPOSED TRANSACTION IS FAIR AND REASONABLE TO HW.
- HW PROPOSES TO ENGAGE IN THE TRANSACTION FOR ITS OWN PURPOSES AND BENEFITS AND NOT FOR THE BENEFIT OF ANY TRUSTEE(S), COMMITTEE MEMBER(S), EMPLOYEE(S), AND/OR VOLUNTEER(S).
- THE PROPOSED TRANSACTION IS THE MOST BENEFICIAL ARRANGEMENT WHICH HW COULD OBTAIN IN THE CIRCUMSTANCES WITH REASONABLE EFFORTS.

THE MINUTES OF ANY MEETING AT WHICH SUCH A DECISION IS TAKEN WILL RECORD
THE NATURE OF THE AFFILIATION AND THE MATERIAL FACTS DISCLOSED. ANY
QUESTION AS TO WHETHER A CONFLICT OF INTEREST EXISTS SHALL BE DIRECTED TO
THE EXECUTIVE COMMITTEE, WHICH SHALL DECIDE THE ISSUE. ALL TRUSTEES,
COMMITTEE MEMBERS, EMPLOYEES, AND VOLUNTEERS UNDERSTAND THAT THIS POLICY
IS MEANT TO SUPPLEMENT GOOD JUDGMENT, AND THEY WILL RESPECT ITS SPIRIT AS
WELL AS ITS WORDING.

FORM 990, PART VI, SECTION B, LINE 15
THE FOLLOWING PROCESS WAS LAST UNDERTAKEN FEBRUARY 2019:

THE BYLAWS OF HW ESTABLISH AN EXECUTIVE COMMITTEE THAT HAS GENERAL OVERSIGHT OF THE ORGANIZATION'S HUMAN RESOURCES PLAN. SPECIFIC DUTIES INCLUDE CONDUCTING AN ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR AND SETTING HIS/HER COMPENSATION. THE OBJECTIVE OF THIS POLICY IS TO DELINEATE THE PROCEDURE FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE MEETS INDEPENDENTLY OF THE EXECUTIVE DIRECTOR TO DISCUSS

PERFORMANCE RELATIVE TO THE POSITION DESCRIPTION.

BEFORE THE START OF THESE DELIBERATIONS, IN KEEPING WITH HW'S CONFLICT OF INTEREST POLICY, A CALL IS MADE FOR EXECUTIVE COMMITTEE MEMBERS TO RECUSE THEMSELVES IF THERE IS AN ACTUAL CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST OF THE INDIVIDUAL, DIRECTLY OR INDIRECTLY, INCLUDING THROUGH AN IMMEDIATE FAMILY MEMBER OR MEMBER OF THE INDIVIDUAL'S HOUSEHOLD. SHOULD ANY COMMITTEE MEMBER OR TRUSTEE HAVE A CONFLICT OF INTEREST OR A POTENTIAL CONFLICT OF INTEREST AS IT RELATES TO THIS MATTER, HE/SHE (A) SHALL NOTIFY THE EXECUTIVE COMMITTEE OF SUCH CONFLICT OR POTENTIAL CONFLICT IN WRITING AND (B) SHALL NOT PARTICIPATE IN ANY CONSIDERATION AND/OR ACTION BY THE EXECUTIVE COMMITTEE AS IT RELATES TO EXECUTIVE COMPENSATION.

DURING THESE DELIBERATIONS, THE EXECUTIVE COMMITTEE MAY CONSIDER INPUT
OBTAINED FROM OTHER BOARD MEMBERS, STAFF, PROFESSIONAL ADVISORS, GRANT
RECIPIENTS, AND OTHER INFORMED COMMUNITY LEADERS. ONCE A CONSENSUS IS
REACHED REGARDING PERFORMANCE, A SIMILAR DISCUSSION IS HELD CONCERNING
COMPENSATION RELATIVE TO ANNUAL BENCHMARK AND ESTABLISHED OBJECTIVES.
SALARY SURVEYS FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT
SIMILARLY SITUATED ORGANIZATIONS SUCH AS THE ANNUAL ARCHBRIGHT REGIONAL
WAGE & COMPENSATION SURVEY AND THE ANNUAL COUNCIL STAFF SALARY REPORT
PUBLISHED BY THE FEDERATION OF STATE HUMANITIES COUNCILS ARE USED TO
DETERMINE COMPENSATION BENCHMARKS FOR THE POSITION.

Employer identification number

51-0191115

THE EXECUTIVE COMMITTEE WILL BRIEF THE FULL BOARD OF ITS FINDINGS AND RECOMMENDATIONS IN AN EXECUTIVE SESSION WITHOUT THE EXECUTIVE DIRECTOR PRESENT. THE EXECUTIVE COMMITTEE AND/OR THE BOARD CHAIR (A MEMBER OF THE COMMITTEE) THEN MEET WITH THE EXECUTIVE DIRECTOR TO DISCUSS AND DOCUMENT IN WRITING HIS/HER STRENGTHS, AREAS FOR IMPROVEMENT, AND GOALS FOR THE UPCOMING YEAR. COMPENSATION FOR THE UPCOMING YEAR IS ALSO DISCUSSED AND DOCUMENTED. ALL DELIBERATIONS, DISCUSSIONS, AND DECISIONS WITHIN THE EXECUTIVE COMMITTEE AND THE EXECUTIVE SESSION OF THE FULL BOARD ARE DOCUMENTED IN MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABLE ON HW'S WEBSITE

(HTTPS://WWW.HUMANITIES.ORG/ABOUT-US/FINANCIAL/) AND UPON REQUEST.

FORM 990, PART VI, LINE 1A

EXECUTIVE COMMITTEE - THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, THE CHAIR-ELECT, SECRETARY/TREASURER, AND TWO ELECTED OFFICERS-AT-LARGE. NO TRUSTEE SHALL BE ELIGIBLE TO SERVE MORE THAN TWO CONSECUTIVE ELECTED TERMS IN ONE AND THE SAME OFFICE. MEETINGS OF THE EXECUTIVE COMMITTEE MAY BE CALLED BY THE CHAIR. THE EXECUTIVE COMMITTEE, SUBJECT TO THE GUIDANCE, DIRECTION, AND CONTROL OF THE TRUSTEES AND THE LIMITATIONS SET FORTH IN THE BYLAWS, SHALL HAVE AND EXERCISE THE AUTHORITY OF HW IN THE MANAGEMENT OF HW'S BUSINESS WHICH INCLUDES: (A) OVERSEEING THE AFFAIRS OF HW BETWEEN ITS MEETINGS, PROVIDED THAT ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE BE REPORTED TO HW'S BOARD AT ITS NEXT MEETING; (B) AUTHORIZING EMERGENCY ACTION; (C) CALLING HW BOARD MEETINGS WHEN NECESSARY; (D)

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MAKING RECOMMENDATIONS TO HW'S BOARD; AND (E) CONDUCTING AN ANNUAL EVALUATION OF THE WORK OF THE EXECUTIVE DIRECTOR AND SETTING HIS/HER ANNUAL COMPENSATION.

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AS WASHINGTON STATE'S FLAGSHIP NONPROFIT DEDICATED TO THE HUMANITIES,
HW'S WORK BRINGS PEOPLE TOGETHER TO LEARN ABOUT THEIR UNIQUE PASTS
AND SHARED PRESENT, PROMOTES RESPECT FOR OTHER PERSPECTIVES,
ENCOURAGES COMMUNITY DIALOGUE AND NURTURES RELATIONSHIPS THAT ENABLE
US TO MOVE TOWARD A MORE PROSPEROUS FUTURE. BY ACTING AS A CATALYST
AND FACILITATOR, HW SUPPORTS AND PARTNERS WITH A WIDE NETWORK OF
COMMUNITIES, ORGANIZATIONS, AND INDIVIDUALS. TOGETHER HW AND ITS
PARTNERS PROVIDE LOW OR NO COST, HIGH QUALITY CULTURAL AND
EDUCATIONAL PROGRAMS IN COMMUNITIES SMALL AND LARGE ACROSS
WASHINGTON.

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

FAMILY READING - CHILDREN'S BOOKS AREN'T ALWAYS CHILD'S PLAY THEY CAN INSPIRE IMPORTANT PHILOSOPHICAL DISCUSSIONS OF TOPICS
SUCH AS FAIRNESS, GREED, COURAGE, AND COMPASSION. HW'S PRIME TIME
FAMILY READING PROGRAM ENCOURAGES SHARED CONNECTIONS AROUND BOOKS
AND READING, BOOSTING LONG-TERM ACADEMIC ACHIEVEMENT AND LASTING
CONNECTIONS WITH LOCAL LIBRARIES. ALMOST 1,300 CHILDREN AND
FAMILIES PARTICIPATED IN 23 FAMILY READING PROGRAMS DURING 2018 AT
LIBRARIES IN COVINGTON, ISSAQUAH, LAKEWOOD, OAK HARBOR,
PARKLAND/SPANAWAY, PORT ANGELES, PORT HADLOCK, TUKWILA, UNIVERSITY

ATTACHMENT 2 (CONT'D)

PLACE, AND WALLA WALLA DURING SPRING 2018; NEWPORT DURING SUMMER 2018; AND FALL CITY, MONROE, NEWPORT, OAK HARBOR, PASCO, RITZVILLE, SEDRO-WOOLLEY, SPOKANE CITY (HILLYARD BRANCH), SPOKANE CITY (SOUTH HILL BRANCH), SPOKANE COUNTY (ARGONNE), VANCOUVER, AND WHITE CENTER DURING FALL 2018.

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4C

CENTER FOR WASHINGTON CULTURAL TRADITIONS - HW'S NEWEST PROGRAM, THE CENTER FOR WASHINGTON CULTURAL TRADITIONS, IS WASHINGTON STATE'S NEW FOLKLIFE AND TRADITIONAL ARTS PROGRAM, DEVELOPED AND RUN AS A PARTNERSHIP BETWEEN HW AND THE WASHINGTON STATE ARTS COMMISSION (ARTSWA). FOLKLIFE AND TRADITIONAL ARTS ARE ACTIVITIES AND OBJECTS THAT ARE INSEPARABLE FROM A CULTURAL COMMUNITY. THEY ARE EXPRESSIONS OF PEOPLE'S HERITAGE AND HELP TELL THEIR STORY: FOODS, OCCUPATIONS, CRAFTS, TRADITIONAL MEDICINE, STORYTELLING, MUSIC, AND MORE. THE CENTER SERVES COMMUNITIES THROUGHOUT WASHINGTON STATE BY SURVEYING, STUDYING, AND SUPPORTING CULTURAL TRADITIONS AND TRADITION BEARERS THROUGH RESEARCH AND A WIDE RANGE OF PROGRAMMING. CURRENTLY, THE TWO PRIMARY PROGRAMS OF THE CENTER ARE THE WASHINGTON STATE HERITAGE ARTS APPRENTICESHIP PROGRAM (HAAP) AND CULTURAL TRADITIONS SURVEYS (CTS). HAAP SUPPORTS INDIVIDUALS INTERESTED IN LEARNING A TRADITIONAL TRADE, CRAFT, OR SKILL. IT ENCOURAGES COMMUNITIES TO CARRY ON CULTURAL TRADITIONS IMPORTANT TO THEIR HERITAGE AND IDENTITY. THESE TRADITIONS INCLUDE Schedule O (Form 990 or 990-EZ) 2018 Page **2** 

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ATTACHMENT 3 (CONT'D)

SKILLS AND TECHNIQUES RELATED TO OCCUPATIONAL ARTS, STORYTELLING AND OTHER VERBAL ARTS, DANCE, CULINARY TRADITIONS, MUSIC, AND MUCH MORE. IN ADDITION TO SUPPORTING THE TRANSMISSION OF CULTURAL KNOWLEDGE, HAAP ALSO TEACHES IMPORTANT JOB SKILLS AND ACTS, IN PART, AS AN ECONOMIC DEVELOPMENT TOOL. CTS WORKS COLLABORATIVELY WITH A VARIETY OF LOCAL COMMUNITY LEADERS AND CULTURE KEEPERS TO DOCUMENT CULTURAL TRADITIONS AT A GRASSROOTS LEVEL, AND ASSIST LOCAL COMMUNITIES IN IDENTIFYING STRATEGIES FOR LONG-TERM PERPETUATION OF THESE TRADITIONS.