Department of the Treasury Internal Revenue Service

Under sec

eturn of Organization Exempt From Income Tax	OMB No. 1545-0047
turn or organization Exempt From modific rax	2019
tion 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	
▶ Do not enter Social Security numbers on this form as it may be made public.	Open to Public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.	Inspection
tax year beginning , 2019, and ending	, 20

A F	or th	ne 2019 calendar year, or tax year beginning ,	2019, a	nd endir	ng			, 20	
<b>B</b> c	heck if ap	C Name of organization HUMANITIES WASHINGTON	C	)P'	Y	D Employer ide	entifica	tion number	
	Addre	ess Doing Rusiness As			_	51-0191	115		
	Chang	Number and street (or P.O. box if mail is not delivered to street address)	Ro	om/suite		E Telephone no			
	+	return 130 NICKERSON STREET		304		(206) 68		70	
	+	City or town, state or province, country, and ZIP or foreign postal code				(200) 00	/		
	Amer					<b>G</b> Gross receip	s \$	2,028,	777.
		cation F Name and address of principal officer: DERRA HOLLAND			_	H(a) Is this a grou			X No
	pendi	130 NICKERSON STREET 304, SEATTLE, WA 98	3109			subordinates H(b) Are all subord		H., F	No
_	Tax-ex		(a)(1) or	52				(see instructions)	
		ite: WWW.HUMANITIES.ORG	(a)(1) 01			H(c) Group exemp			
		of organization: X Corporation Trust Association Other		I Vear o		on: 1973 <b>M</b>			WA
	art I	Summary		L Total o	, ioiiiiati	OII. 127.0 IVI	Otate o	riegai dominene.	
		Briefly describe the organization's mission or most significant activities: HU	MANIT	IES WA	SHING	TON OPEN	S MI	NDS AND	
Φ	'	BRIDGES DIVIDES BY CREATING SPACES TO EXPLORE							
anc anc		OUR PROGRAMS ENCOURAGE AUDIENCES(CONTINUED ON							
eri	2	Check this box ▶ if the organization discontinued its operations or d							
Governance		Number of voting members of the governing body (Part VI, line 1a)	•				3		15.
	4	Number of independent voting members of the governing body (Part VI, line 1a)					4		15.
Activities &	_	Total number of individuals employed in calendar year 2019 (Part V, line 2a)					5		13.
Ξ		Total number of volunteers (estimate if necessary)					6		35.
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12					7a		0.
		Net unrelated business taxable income from Form 990-T, line 34					7b		
				<u> </u>	T	Prior Year		Current Yea	ar
	8	Contributions and grants (Part VIII, line 1h)				1,679,29	9.	1,669,	,088.
Revenue	9	Program service revenue (Part VIII, line 2d)	COPY F				0.		0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	LIC INSF	PECTION		33,91	7.	30,	,587.
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				-42,95			,051.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line				1,670,26	5.	1,653,	,624.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				42,74	2.		,410.
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0.		0.
Ø	15	Salaries other compensation employee benefits (Part IX column (A) lines 5	(-10)			766,48	7.	836,	,929.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	, · · ·			43,82	5.	29,978	
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	,400.						
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				651,86	3.	764,	,864.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				1,504,91	7.	1,674,	,181.
	19	Revenue less expenses. Subtract line 18 from line 12				165,34	8.	-20,	,557.
Net Assets or Fund Balances					Beginn	ning of Current Y	ear	End of Year	
sets	20	Total assets (Part X, line 16)				1,563,90	9.	1,680,	,802.
AS d Ba	21	Total liabilities (Part X, line 26)				109,76	3.	146,	,626.
P.E.	22	Net assets or fund balances. Subtract line 21 from line 20.				1,454,14	6.	1,534,	,176.
	rt II	Signature Block							
		nalties of perjury, I declare that I have examined this return, including accompanying					my kn	owledge and beli	ef, it is
True	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information	OI WITICIT	ртерагег па	as any Kin	owiedge.			
0:		LUP I							
Sig		Signature of officer				Date			
пе	е								
		Type or print name and title							
Paic		Print/Type preparer's name Preparer's signature		Date		Check	if PT	1N	
	ı parer	STEVEN B BISHOP		11/11	/2020			00045374	
	Only	Firm's name ► BADER MARTIN, P.S.				=		501421	
	y	Firm's address ▶ 1000 2ND AVE 34TH FLOOR SEATTLE, WA 98104-1022				Phone no.	206-	621-1900	
		RS discuss this return with the preparer shown above? (see instructions)		<u></u>				X Yes	No
For	Pape	rwork Reduction Act Notice, see the separate instructions.						Form <b>990</b>	(2019)

## Form **8868**

(Rev. January 2020)

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. 1545-0047

**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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

iling of ti	nis form, visit <i>www.irs.gov/e-file-providers/e-file-</i>	-for-charities	s-and-non-profits.							
Automa	tic 6-Month Extension of Time. Only subm	nit original	(no copies needed).							
-	rations required to file an income tax return other Form 7004 to request an extension of time to			20-C filers), partnerships,	, RE	MICs,	and trus	ts		
Гуре or	Name of exempt organization or other filer, see instructions.  COPY  Taxpayer identification numbers of exempt organization or other filer, see instructions.							_		
brint HUMANITIES WASHINGTON 51-0191115										
File by the due date for iling your	130 NICKERSON STREET 304									
eturn. See nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
Enter the	Return Code for the return that this application	n is for (file	a separate application	for each return)			0	1		
Applicati s For	on	Return Code	Application Is For				Retu			
orm 99	or Form 990-EZ	01	Form 990-T (corpora	ation)			07	,		
orm 990	)-BL	02	Form 1041-A				08	3		
	20 (individual)	03	Form 4720 (other th	an individual)			10			
Form 990-PF			Form 5227							
	form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11			
-orm 990	O-T (trust other than above)  DEBRA HOLLAND	06	Form 8870				12	<u>:</u>		
Teleph If the o If this or the wallist with	none No. ► 206 682-1770  organization does not have an office or place of its for a Group Return, enter the organization's for hole group, check this box	business ir bur digit Gro If it is for pa sion is for.	Fax No. ▶  In the United States, check the group, check	eck this box (GEN) this box		If t and at	his is ttach			
for	quest an automatic 6-month extension of time use the organization named above. The extension is the calendar year 20 19 or tax year beginning	s for the or	ganization's return for:				tion retu	rn		
2 If th	e tax year entered in line 1 is for less than 12 n	months, che	ck reason: Initial	return Final return	n					
	nis application is for Forms 990-BL, 990-PF, 9	990-T, 472	0, or 6069, enter the	tentative tax, less any				_		
	refundable credits. See instructions.				3a	\$		0.		
	his application is for Forms 990-PF, 990-T							0		
	mated tax payments made. Include any prior ye				3b	\$		0.		
	ance due. Subtract line 3b from line 3a. Include ectronic Federal Tax Payment System). See instru		ioni with this lottii, ii li	equileu, by using EFTPS	3с	¢		0.		
	you are going to make an electronic funds withdrawa		oit) with this Form 8868	see Form 8453-FO and Form			for paym			
nstruction	, , ,	a. (an oot deb	,		50	3 201	. Si payiin	J. 1.		
	cy Act and Paperwork Reduction Act Notice, see inst	tructions.			Forr	n <b>886</b> 8	<b>3</b> (Rev. 1-	-2020)		

Page 2 Form 990 (2019)

P	art     Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	HUMANITIES WASHINGTON OPENS MINDS AND BRIDGES DIVIDES BY CREATING	
	SPACES TO EXPLORE DIFFERENT PERSPECTIVES. WE ENVISION A STATE WHERE	
	ALL PEOPLE SEEK A DEEPER UNDERSTANDING OF OTHERS, THEMSELVES, AND THE	
	HUMAN EXPERIENCE, IN ORDER TO DISCERN AND PROMOTE THE COMMON GOOD.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? Yes	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 311,068. including grants of \$ ) (Revenue \$	)
	FAMILY READING - HW'S PRIME TIME FAMILY READING PROGRAM ENCOURAGES	,
	SHARED CONNECTIONS AROUND BOOKS AND READING, BOOSTING LONG-TERM	
	ACADEMIC ACHIEVEMENT, AND LASTING RELATIONSHIPS WITH LOCAL	
	LIBRARIES. IN 2019, 1,400 CHILDREN AND PARENTS PARTICIPATED IN 23	
	PROGRAMS AT LIBRARIES IN ALL CORNERS OF THE STATE (AN 18%	
	INCREASE). 100% OF CHILDREN DEMONSTRATED INCREASED CONFIDENCE	
	AROUND READING AND 94% HAD MORE POSITIVE ATTITUDES TOWARD READING,	
	AND 90% OF FAMILIES REPORTED INCREASED FAMILY READING TIME.	
	AND 90% OF FAMILIES REPORTED INCREASED FAMILI READING TIME.	
_		
4b	(Code:) (Expenses \$246,817. including grants of \$) (Revenue \$	)
	SPEAKERS BUREAU - DRAWING FROM A VETTED POOL OF LEADING CULTURAL	
	EXPERTS AND SCHOLARS, OUR SPEAKERS BUREAU PROVIDES CONVERSATIONAL	
	LECTURES THAT ARE FREE AND OPEN TO THE PUBLIC. TOPICS ARE AS	
	DIVERSE AS THE COMMUNITIES THEY SERVE, WITH 34 SPEAKERS COVERING	
	HISTORY, POLITICS, MUSIC, PHILOSOPHY, AND MORE. IN 2019, 14,383	
	PEOPLE IN 149 COMMUNITIES ATTENDED 412 PRESENTATIONS. PARTICIPANTS	
	OVERWHELMINGLY INDICATED THAT EVENTS SPARKED MEANINGFUL	
	CONVERSATIONS AND HELPED THEM CONSIDER NEW PERSPECTIVES.	
4c	(Code: ) (Expenses \$ 242,169. including grants of \$ ) (Revenue \$	)
. •	CULTURAL TRADITIONS - FOLKLIFE AND TRADITIONAL ARTS ARE	,
	EXPRESSIONS OF PEOPLES' HERITAGE AND ARE CRITICAL TO CULTURAL	
	COMMUNITIES' HEALTH AND WELL-BEING. IN 2019 HW'S HERITAGE ARTS	
	APPRENTICESHIP PROGRAM (HAAP) SERVED 15 MASTER/APPRENTICE PAIRS,	
	PRESERVING IMPORTANT CULTURAL TRADITIONS AND PROVIDING MENTORSHIP	
	AND JOB SKILLS TO EMERGING PRACTITIONERS. IN ADDITION, TARGETED	
	SURVEY WORK INVOLVING SEVERAL HUNDRED PROFESSIONALS AND COMMUNITY	
	MEMBERS STRENGTHENED THE FOUNDATION OF, AND INTEGRATED NEW VOICES	
	INTO, THE CULTURAL COMMUNITIES OF PACIFIC AND GRAYS HARBOR	
	COUNTIES.	
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 475,150. including grants of \$ ) (Revenue \$ )	
40	Total program service expenses \( \) 1.275.204.	

Part IV Checklist of Required Schedules Page 3

ı aı	Oneckist of Required Concadies		V	N
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.7	
	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	_		3.5
	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)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3.7
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		- 21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	Х	
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	Х	
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page 4 Form 990 (2019)

Part	Checklist of Required Schedules (continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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			X
	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?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		Х
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
		28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30		
rare	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(0015)
9E1030	2.000 1900NL K378 11/11/2020 5:10:55 PM V 19-7.5F 28609.01/SBB	Form		(2019) AGE
	20007.01/DDD		LF	

Form 990 (2019) Page 5

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 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (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? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а		7a	Х	
<b>L</b>	and services provided to the payor?	7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
C		7c		Х
	required to file Form 8282?	70		
	ros, maissio inc names of rosmo deep mod dailing the year in the interest of the contract	70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			- 21
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
46	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	<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			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,		
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	40		
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.			

Form 990 (2019) HUMANITIES WASHINGTON 51-0191115 Page **6** 

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	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			
b	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent 15			
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, 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		Х
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			
٠	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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	X	
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	Х	
b	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
···	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		
Sect	on 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 <u>public</u> inspection. Indicate <u>how</u> you made these a <u>vailable</u> . Check all that apply.	,		. (-)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est r	olicv
-	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record DEBRA HOLLAND 130 NICKERSON STREET, SUITE 304 SEATTLE, WA 98109 206-682-1770	s <b>&gt;</b>		

Form **990** (2019)

Form 990 (2019) HUMANITIES WASHINGTON 51-0191115 Page 7

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

#### 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unles er and	Pos heck ss pe	erson	e than c is both or/trust	an tee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee Individual trustee or director		Key employee	Former Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)JULIE ZIEGLER	45.00									
CHIEF EXECUTIVE OFFICER	0.	-		Х				130,000.	0.	16,569
(2) ERIC SANDERS	27.00							,		,
CHIEF FINANCIAL OFFICER	0.			Х				60,674.	0.	11,281
(3) KAREN FRASER	1.00									
TRUSTEE	0.	Х						0.	0.	0
(4) DEBRA HOLLAND	3.00									
CHAIR	0.	Х		Х				0.	0.	0
(5) ELIZABETH (BETH) JOFFRION	1.00									
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) BRIDGET PIPER	1.00									
TRUSTEE	0.	Х						0.	0.	0
(9) DAVID POWERS	3.00									
CHAIR-ELECT	0.	Х		Х				0.	0.	0
(10) CARLI SCHIFFNER	1.00									
TRUSTEE	0.	Х						0.	0.	0
(11) COLLEEN ROZILLIS	3.00									
TREASURER/SECRETARY	0.	Х		Х				0.	0.	0
(12) JOE ROSS	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13) PEDRO (XAVIER) CAVAZOS	1.00									
TRUSTEE	0.	Х						0.	0.	0
(14) JULIETA ALTAMIRANO-CROSBY	1.00									
TRUSTEE	0.	Х						0.	0.	0

Form **990** (2019)

Part VII Section A. Officers, Directors, Tr	ustoos Ka	v Fn	nlo	NA.	26	and F	lial	hest Compensat	ed Employees //	continu		Page <b>8</b>
(A)	(B)	y L11	ipic		53, C)	and i	ngi	(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	ition more rson lirect	e than o is both or/truste	an ee)	Reportable compensation from the	Reportable compensation from related organizations	coi	Estimated amount o other mpensati	of ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or a	from the rganization and related ganization	on d
15) DAN LAMBERTON	1.00											•
TRUSTEE  16) BRAD RICHARDSON	1.00	X						0	0.			0
TRUSTEE	1.00	X						0	0.			0
17) GARY STOKES	1.00											
TRUSTEE	0.	Х						0	0.			0
	<del> </del>											
1b Sub-total								190,674.	0.		27,	850.
c Total from continuation sheets to Part VII, S								190,674.	0.		27	0. 850.
d Total (add lines 1b and 1c)	limited to t	hose					re	·				
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	00?	l f	"Yes	," (	nd other compens complete Schedu	sation from the le J for such	4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	fron	n any	uni			5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest concompensation from the organization. Report of year.											ĸ	
you.							1	/B)				

(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 ▶ 0.

HUMANITIES WASHINGTON 51-0191115 Form 990 (2019) Page 9

### Part VIII Statement of Revenue

Par	t VIII	Check if Schedule O contains a respon	se or note to an	v line in this Part \	/III		
		Oncok ir Genedale O contains a respon	ise of flote to diff	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, Grants Amounts		Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d	124,553.				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions) 1e	1,294,588. 249,947.				
Contrib and Oth	g h	Noncash contributions included in lines 1a-1f		1,669,088.			
vice	2a		Business Code				
Program Service Revenue	b c d						
Pro	e f g	All other program service revenue Total. Add lines 2a-2f		0.			
	3 4 5	Investment income (including dividends, other similar amounts)	proceeds >	24,180. 0.			24,180.
	6a b	Gross rents 6a  Less: rental expenses Rental income or (loss)  6 c	(ii) Personal				
	d 7a	Net rental income or (loss)	(ii) Other	0.			
evenue	b	other than inventory <b>7a</b> 308,675.  Less: cost or other basis and sales expenses <b>7b</b> 302,268.					
Other Re	c d 8a	Gain or (loss)	▶	6,407.			6,407.
0		events (not including \$124,553.  of contributions reported on line 1c). See Part IV, line 18 8a	24,170.				
	b c 9a	Net income or (loss) from fundraising events.  Gross income from gaming	72,885.	-48,715.			-48,715.
	b	activities. See Part IV, line 19 9a Less: direct expenses 9b	0.	0.			
	С 10а	Net income or (loss) from gaming activities.  Gross sales of inventory, less returns and allowances	0.	0.			
	b c	Less: cost of goods sold	0.  Business Code	0.			
Miscellaneous Revenue	11a b	OTHER REVENUE	900099	2,664.			2,664.
Miscel Rev	c d	All other revenue		2,664.			
	<u>е</u> 12	Total revenue. See instructions		1,653,624.			-15,464.
JSA							Form <b>QQ0</b> (2010)

51-0191115 Page **10** 

### 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 response or note to any line in this Part IX							
<u>Do</u>								
	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	42,410.	42,410.					
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	218,524.	131,088.	67,742.	19,694.			
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	473,154.	345,292.	30,597.	97,265.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	24,593.	17,948.	1,590.	5,055.			
9	Other employee benefits	65,518.	47,813.	4,237.	13,468.			
10	Payroll taxes	55,140.	40,166.	3,686.	11,288.			
11	Fees for services (nonemployees):	5 000	2 226	1 100	556			
а	Management	5,000.	3,336.	1,108.	556.			
b	Legal	0.		20 654				
	Accounting	29,654. 10,000.		29,654.				
	Lobbying	29,978.		10,000.	29,978.			
	Professional fundraising services. See Part IV, line 17	6,651.		6,651.	29,910.			
	f Investment management fees	0,031.		0,031.				
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.						
40	(A) amount, list line 11g expenses on Schedule O.)	28,439.	27,488.	213.	738.			
	Advertising and promotion	25,906.	20,515.	2,631.	2,760.			
13 14	Office expenses	8,566.	6,142.	908.	1,516.			
15	Information technology	0.						
16	Occupancy	49,154.	34,772.	6,231.	8,151.			
17	Travel	57,884.	36,140.	20,790.	954.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	3,366.		3,366.				
20	Interest	414.		414.				
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	16,893.	13,139.	1,877.	1,877.			
23	Insurance	4,566.	3,485.	583.	498.			
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
_	REPAIRS AND MAINTENANCE	5,422.	4,324.	434.	664.			
-	DIRECT PROGRAM EXPENSES	469,388.	469,388.					
-	DUES & FEES	38,889.	28,417.	5,347.	5,125.			
d	MISCELLANEOUS EXPENSES	4,672.	3,341.	518.	813.			
	All other expenses	1 674 101	1 075 004	100 555	000 400			
	Total functional expenses. Add lines 1 through 24e	1,674,181.	1,275,204.	198,577.	200,400.			
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.						

28609.01/SBB

Form 990 (2019) Page **11** 

# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	123,645.	1	118,552.
	2	Savings and temporary cash investments	471,658.	2	284,923.
	3	Pledges and grants receivable, net	96,861.	3	126,038.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ř	9	Prepaid expenses and deferred charges	28,141.	9	28,720.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 156,012.			
	b	Less: accumulated depreciation	48,822.	10c	31,930.
	11	Investments - publicly traded securities	787,507.	11	1,086,364.
	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	7,275.	15	4,275.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,563,909.	16	1,680,802.
_	17	Accounts payable and accrued expenses	47,775.	17	84,375.
	18	Grants payable	18,890.	18	17,000.
	19	Deferred revenue.	38,596.	19	41,906.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	4,502.	25	3,345.
	26	Total liabilities. Add lines 17 through 25	109,763.	26	146,626.
S	20	Organizations that follow FASB ASC 958, check here ► X		20	
Fund Balances	27	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	824,929.	27	807,600.
Bal	28	Net assets with donor restrictions.	629,217.	27 28	726,576.
pu	20	Organizations that do not follow FASB ASC 958, check here ▶	025,217.	28	720,370.
r Fu		and complete lines 29 through 33.			
8	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	1,454,146.	32	1,534,176.
Z	33	Total liabilities and net assets/fund balances	1,563,909.	33	1,680,802.
_	•				Form <b>990</b> (2019)

Form **990** (2019)

Page **12** Form 990 (2019)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			53,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			74,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			20,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			54,1	
5	Net unrealized gains (losses) on investments	5		1	00,5	87.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,5	34,1	76.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>		
			Г		Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	xplair	ı 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 com-	piled	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	ed o	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 over	_	I			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the		37	
	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	_		_	Х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		3b	^	

#### **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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

HUN	HUMANITIES WASHINGTON 51-0191115						
Pai	rt I Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions	
	organization is not a private four	ndation because it	is: (For lines 1 through	gh 12, ch	eck 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 <b>section</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3	A hospital or a cooperative		•	-			
4	A medical research organiz	•	•				(iii). Enter the
	hospital's name, city, and st		•			( // // /	` ,
5	An organization operated f		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
	section 170(b)(1)(A)(iv). (C		5	,		, 0	
6	A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X An organization that norma	Ū			•	,,,,,,,	om the general public
	described in section 170(b)	•	•				<b>.</b>
8	A community trust describe			Part II.)			
9	An agricultural research org					I in conjunction with a	land-grant college
-	or university or a non-land-	=			-	=	
	university:	g	,	,		, <b>,</b>	
10	An organization that normal	lly receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
-	receipts from activities related	ted to its exempt f	unctions - subject to	certain e	exception	s, and (2) no more tha	n 331/3% of its
	support from gross investm acquired by the organization						businesses
11	An organization organized a	•		• ,• ,		,	
12	An organization organized a	•	•	•			arry out the nurnoses
-	of one or more publicly sup	•	•				• •
	Check the box in lines 12a t	-					
а		=			_	•	=
_	the supported organizatio	•	•	•		• , , ,	
	supporting organization. Y				٠,٠٠٠, ٠.		00 00
b		-			with its	supported organization	on(s), by having
	control or management o	•					
	organization(s). You must						5 11
С	Type III functionally integ			ated in co	onnectio	n with, and functional	ly integrated with,
	its supported organization	(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d	Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
	that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
	requirement (see instructi	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
	functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	Enter the number of supported	organizations					
<u>g</u>	Provide the following information	on about the suppo	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	, ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
	_						
Tota	ai l						

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,267,514.	1,262,628.	1,184,375.	1,679,299.	1,634,417.	7,028,233.	
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	1,267,514.	1,262,628.	1,184,375.	1,679,299.	1,634,417.	7,028,233.	
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)						0.	
6	Public support. Subtract line 5 from line 4						7,028,233.	
Sec	tion B. Total Support			<u>.</u>		•		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
7	Amounts from line 4	1,267,514.	1,262,628.	1,184,375.	1,679,299.	1,634,417.	7,028,233.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,395.	20,801.	19,336.	22,604.	24,180.	103,316.	
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	2,775.	2,692.	13,485.	19,724.	2,664.	41,340.	
11	Total support. Add lines 7 through 10						7,172,889.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12		
13	First five years. If the Form 990 is for organization, check this box and stop here.							
Sec	tion C. Computation of Public Supp						0.00	
14	Public support percentage for 2019 (lin		-		Г	14	97.98 <b>%</b>	
15	Public support percentage from 2018					15	95.17 <b>%</b>	
16a	331/3% support test - 2019. If the org							
	box and <b>stop here</b> . The organization qu	-		_				
b	331/3% support test - 2018. If the org							
47-	this box and stop here. The organization	-		_				
17a	10%-facts-and-circumstances test - 2	_						
	10% or more, and if the organization					-	•	
	Part VI how the organization meets the			=	-		pported	
h	organization						and line	
D	10%-facts-and-circumstances test - 2	_						
	15 is 10% or more, and if the organization Explain in Part VI how the organization						-	
	· · · · · · · · · · · · · · · · · · ·				_	-		
12	supported organization							
18	<u> </u>						▶ □	
	instructions							

Schedule A (Form 990 or 990-EZ) 2019

Page 3 Schedule A (Form 990 or 990-EZ) 2019

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

(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						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
		(u) 2010	(6) 2010	(0) 2017	(4) 2010	(6) 2010	(i) rotai
9 10 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	•			•		
	organization, check this box and stop here.						▶ 🔼
	tion C. Computation of Public Supp		•	(0)		T T	2/
15	Public support percentage for 2019 (line 8,		•			15	%
16	Public support percentage from 2018 Sche			<u> </u>		16	%
	tion D. Computation of Investment			12 001: (5)		17	0/
17 10	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%
ıya	331/3% support tests - 2019. If the organization and more than 231/3% shock this	_					. $\square$
L	17 is not more than 331/3%, check thi	-		•			
b	331/3% support tests - 2018. If the orga						. $\square$
20	line 18 is not more than 331/3%, check <b>Private foundation.</b> If the organization d			-			

Schedule A (Form 990 or 990-EZ) 2019 Page **4** 

#### 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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Schedule A (Form 990 or 990-EZ) 2019 Page 5

				- 3
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	110		
h	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	ion B. Type I Supporting Organizations	110		
	on 2. Type i oupperung organizatione		Yes	No
4	Did the directors tructors or membership of one or more supported organizations have the newer to			
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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
200ti	ion C. Type II Supporting Organizations	2		
Secu	on C. Type ii Supporting Organizations		Yes	No
	Many and the first of the construction to the Province of the character of the Construction of the Province		162	INO
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(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
		2		
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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ions).	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
•	Activities Test Anguay (a) and (b) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Section	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	1.0		
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-functional	y integra	ited Type III supporting	g organization (see
instructions).	-		•

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **7** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	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 <b>Part VI</b> ). See instructions.					
7	<b>Total annual distributions.</b> 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 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
_1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
a	From 2014					
b	From 2015					
c	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2015					
b	Excess from 2016					
c	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

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

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	C				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS INCOME	2,775.	2,692.	13,485.	19,724.	2,664.	41,340.
TOTALS	2,775.	2,692.	13,485.	19,724.	2,664.	41,340.

## 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

2019

**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, 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) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization HUMANITIES WASHINGTON

Employer identification number 51 – 01 91 11 5

			51-0191115
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 206,884.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ \$	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	dunlicate conies of	Part II if additional s	hahaan si ahan
r ai t ii	Noncash Froperty	(366 111311 (10113). 036 (	Jupilcale copies of	ran ii ii auuilionai s	space is needed.

(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) (2019) 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

**Open to Public** Inspection

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.

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 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

		that have NOT filed Form 5768 (election			
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Prox
•	Section 501(c)(4), (5), or (6) orga				
Nam	e of organization	·		Employer ide	ntification number
HUN	MANITIES WASHINGTON			51-0193	1115
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see ir	nstructions for
	definition of "political campa	ign activities")		•	
2	Political campaign activity e	xpenditures (see instructions)		▶ \$	
3		campaign activities (see instruction			
Pai		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	5).
1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function	
2	Enter the amount of the filin	g organization's funds contributed	to other organization	ons for section	
	527 exempt function activiti	es		▶\$	
3	Total exempt function expe	enditures. Add lines 1 and 2. Ent	er here and on Fo	rm 1120-POL,	
	line 17b			▶\$	
4		e Form 1120-POL for this year?			
5		and employer identification numb			
		s. For each organization listed, en tributions received that were prom			
		nd or a political action committee (l			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIIN	filing organization's	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)					
			1	1	

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

Schedule C (Form 990 or 990-EZ) 2019

51-0191115 Page **2** 

P		omplete if the org	ganizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ▶	if the filing organiz			affiliated group (and excess lobbying expe		ach affiliated group mem	nber's name,
В	Check ►	] if the filing organiz	zation ch	ecked box A	and "limited contro	ol" provisions app	ly.	
	(1	Limits The term "expendit		ying Expendence		)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
i (	to Total lobbyii Total lobbyii d Other exem Total exemp	ng expenditures to ing expenditures to ing expenditures (ad pt purpose expenditures) to purpose expenditures (and purpose expenditures).	nfluence d lines 1 tures ures (add	a legislative a and 1b) d lines 1c an	e body (direct lobbyi	ng)		
	If the amoun	t on line 1e, column (a	) or (b) is:	The lobbying	g nontaxable amount	is:		
	Not over \$50	0,000		20% of the	amount on line 1e.			
	Over \$500,00	00 but not over \$1,000	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,	000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,	000 but not over \$17,	000,000	\$225,000 pl	us 5% of the excess of	over \$1,500,000.		
	Over \$17,000	0,000		\$1,000,000				
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organiz reporting section 4911 tax for this year?					did the organiza		Yes No	
	(Some	e organizations tha	t made a See	section 50 the separa	1(h) election do no te instructions for I	t have to complines 2a through		nns below.
_			Lobb	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	
		ear (or fiscal year nning in)	(a)	2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total
28	<b>a</b> Lobbying non	taxable amount						
	<b>b</b> Lobbying ceil (150% of line	ing amount 2a, column (e))						
_	Total lobbying	g expenditures						
_	d Grassroots n	ontaxable amount						
_	Grassroots co (150% of line	eiling amount 2d, column (e))						
f	Grassroots lo	bbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

	dule C (Form 990 or 990-EZ) 2019					Page 3
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768 		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)	
	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:					
а	Volunteers?	X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X	37			
С	Media advertisements?	37	Х			100
d	Mailings to members, legislators, or the public?	X				100 250
е	Publications, or published or broadcast statements?	X			2	7,674
f	Grants to other organizations for lobbying purposes?	X				$\frac{7,074}{1,745}$
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			1,743
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		21		3	9,769
j	Total. Add lines 1c through 1i		х			<i>3</i>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		-			
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or s	ection		
	501(c)(6).	(-)(-)	,			
					Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			[	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro	m the	prior	year?	3	
Pa	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"	OR (b	) Par	t III-A, I	ine 3, is	5
	answered "Yes."		-			
1	Dues, assessments and similar amounts from members		- 1	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).			0		
a	Current year		• • •	2a		
b	Carryover from last year		• • •	2b		
С	Total			2c 3		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible leaders of the reasonable estimate estimates of the reasonable esti	-	- 1	4		
5	and political expenditure next year?			5		
	t IV Supplemental Information		1			
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	ıp list	); Part II	-A, lines	1 and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	Ū	•		•	
SEI	E PAGE 4					

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

#### 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 JURISDICTIONAL 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,

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 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

HUN	MANITIES WASHINGTON	51-0191115						
Pa	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	in donor advised						
	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 fu							
·	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a							
	conferring impermissible private benefit?							
Pa	Int II 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).							
•		of a historically important land area						
		of a certified historic structure						
	Preservation of open space	or a certifica mistorio structure						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation						
_	easement on the last day of the tax year.	Held at the End of the Tax Year						
_	Total number of conservation easements	2a						
a		2b						
b	Total acreage restricted by conservation easements	20 20						
C	Number of conservation easements on a certified historic structure included in (a)	20						
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register							
•	historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the						
	tax year >							
4	Number of states where property subject to conservation easement is located	in brading of						
5	Does the organization have a written policy regarding the periodic monitoring, inspectiviolations, and enforcement of the conservation easements it holds?	-						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing							
6	Stair and volunteer nours devoted to monitoring, inspecting, nanding or violations, and emorcing	conservation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	annonvation accompants during the year						
7		onservation easements during the year						
0	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170/h\/4\/P\/i\						
8	·	` ' ' ' ' ' '						
9	and section 170(h)(4)(B)(ii)?	Yes						
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 financial							
	organization's accounting for conservation easements.	al statements that describes the						
Pa	Int III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Olimai 7.000to.						
10	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	a statement and balance about works						
1a	of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	nese items.						
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st							
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtherance of public service,						
	provide the following amounts relating to these items:	•						
	(i) Revenue included on Form 990, Part VIII, line 1	· · · · · · · · <b>&gt;</b> \$						
_	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasures, or other similar a	assets for financial gain, provide the						
	following amounts required to be reported under FASB ASC 958 relating to these items:	<b>&gt;</b> ^						
a	Revenue included on Form 990, Part VIII, line 1.							
b	Assets included in Form 990, Part X	<b>▶</b> \$						

Schedule D (Form 990) 2019

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	asures, o	r Other	Similar Assets	(continu	ıed)	
3	Using the organization's acquisition	on, accession, and o	ther records, check	any of the	e follow	ring that make sig	gnificant	use o	of its
	collection items (check all that app	ly):							
а	Public exhibition			r exchange	e prograr	m			
b	Scholarly research		e Other						
С	Preservation for future gene								
4	Provide a description of the organ	nization's collections	and explain how t	hey further	the ore	ganization's exem	pt purpo	se in	Part
_	XIII.	12-50	and the same forms			. ()			
5	During the year, did the organization								٦
Do	assets to be sold to raise funds rath		ined as part of the c	organization	rs collec	ction?	Yes	S	No
Pa	Complete if the organization of the Section 21.		s" on Form 990, P	art IV, line	9, or re	eported an amo	unt on F	orm	
1a	Is the organization an agent, truste	ee, custodian or othe	r intermediary for c	ontributions	or other	r assets not			
	included on Form 990, Part X?						Yes	s [	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tab	le:					
						Amour	nt		
	Beginning balance								
	Additions during the year								
_	Distributions during the year								
f	Ending balance				and an all and				T
	Did the organization include an am						Yes		No
	If "Yes," explain the arrangement in the transfer of the trans	II Part Alli. Check he	re ii trie explanation	nas been p	iovided	on Part Alli		<u> </u>	
Fal	Endowment Funds. Complete if the organization	ation answered "Ye	s" on Form 990 F	art IV line	10				
	Complete ii the organize	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	<b>(e)</b> For	ır vears	hack
	Destruit and the same halones	342,722.	364,959.		,967.	298,399			$\frac{5400}{450}$ .
	Beginning of year balance		212,7221		7		-		
	Contributions								
C	Net investment earnings, gains, and losses	62,235.	-22,237.	46	,992.	19,568		-14	,051.
А	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance	404,957.	342,722.	364	,959.	317,967		298	,399.
2	Provide the estimated percentage Board designated or quasi-endown		end balance (line 1g, %	column (a))	held as	:			
	Permanent endowment   64.6								
	Term endowment ▶ 35.4000								
	The percentages on lines 2a, 2b, a	-	00%.						
3a	Are there endowment funds not in	the possession of th	e organization that	are held an	ıd admir	nistered for the			
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	•	•				3b		
4	Describe in Part XIII the intended u		ion's endowment fur	ids.					
Pai	t VI Land, Buildings, and Equal Complete if the organize	<b>μιρmenτ.</b> ation answered "Υε	es" on Form 990. F	Part IV. line	e 11a. S	See Form 990. F	Part X. li	ne 10	)_
	Description of property	(a) Cost or	other basis (b) Cost of	r other basis	(c) Acc	cumulated	(d) Book		
4 -	Land	(invest	ment) (of	ther)	depr	eciation			
	Land								
	Buildings Leasehold improvements			23,706.		16,594.		7 -	112.
	Equipment.		1	32,306.		07,488.			318.
	Other			,500.		- : / 200 •		/	
6									

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11b See Form 990 P	art X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	:
(1) Financi	al derivatives			
	held equity interests			
	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII	Investments - Program Related.		Dort IV line 44 c Con Farms 000 D	ant V. lina 10
-	Complete if the organization answered  (a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(b) Book value	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	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, P	art X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) I	ino 15 \		
Part X	Other Liabilities.	ine 15.)	· · · · · · · · · · · · · · · · · · ·	
railA	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11e or 11f See Form	00∩ Part X
	line 25.	1 103 0111 01111 000	, rattiv, interresor rin. Gee roini	550, r art 7t,
1.		tion of liability		(b) Book value
	ral income taxes	tion of hability		(b) Book value
	TAL LEASE OBLIGATION			3,345
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			3,345
	or uncertain tax positions. In Part XIII, provide the		·	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

HUMANITIES WASHINGTON

Page 4 Schedule D (Form 990) 2019

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	1,760,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		112 522
е	Add lines 2a through 2d	2e	113,522.
3	Subtract line 2e from line 1	3	1,040,973.
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  6,651.		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,651.  Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>	4c	6,651.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	1,653,624.
Part		ırn.	
1	Total expenses and losses per audited financial statements	1	1,680,465.
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.)	1	12,935.
е	Add lines 2a through 2d	2e 3	1,667,530.
3	Subtract line 2e from line 1	3	1,007,550.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII line 7b.  6,651.		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,651.  Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	6,651.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.).	5	1,674,181.
	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

#### Schedule D (Form 990) 2019 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.

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.

Page 5

### 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.

OMB No. 1545-0047
2019
Open to Public

aiti	Form 990-EZ filers are not re				163 0111 01111 93	o, raitiv, iiie i	
1 և	ndicate whether the organization rais				activities. Check a	all that apply.	
a	X Mail solicitations	е		itation of r	non-government g	rants	
~ ⊢	Internet and email solicitations	f			government grants	3	
	X Phone solicitations	g	X Spec	cial fundrai	sing events		
_	X In-person solicitations						
0 <b>b</b> lf	Did the organization have a written or or key employees listed in Form 990, if "Yes," list the 10 highest paid indivi- compensated at least \$5,000 by the o	Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
	TTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
0							
otal				▶	208,000.	29,978.	178,022.
	ist all states in which the organizat egistration or licensing.	ion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from
			_				

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

Schedule G (Form 990 or 990-EZ) 2019

Page 2 Schedule G (Form 990 or 990-EZ) 2019

Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contributi			
		events with gross receipts gre	(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	106,214.	42,509.	(total number)	148,723.
ፚ	2	Less: Contributions Gross income (line 1 minus	90,734.	33,819.		124,553.
		line 2)	15,480.	8,690.		24,170.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Öje	8	Entertainment				
	9	Other direct expenses	45,812.	27,074.		72,886.
		Direct expense summary. Add line Net income summary. Subtract lin	ne 10 from line 3, colu	ımn (d)	<u> </u>	72,886. -48,716.
Ρá	T L	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, lin		res" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Se Be	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>	
9 8		Enter the state(s) in which the orgals the organization licensed to confirm "No," explain:	duct gaming activities	in each of these state		Yes No
l O a	l	Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp	pended, or terminated du	uring the tax year?	Yes No

#### HUMANITIES WASHINGTON

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
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?
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?
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
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

#### ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
KERI HEALEY	GRANT WRITING	Х	208,000.	29,978.	178,022.

13717 LINDEN AVE N, SUITE 203 SEATTLE WA 98133

#### **SCHEDULE L**

# **Transactions With Interested Persons**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ) ► 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

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Name of the organization				Employer identification number									
UMAN ITIES WASHINGTON					51-	0191	115						
							501(c)(29) organized 25a or 25b, or Fo				line 40	Ob.	
1 (a) Name of disqualified person		(b) Relatio	(b) Relationship between disqualified person and organization			(a) D	(15)				(d)	) Corrected	
		, ,				(c) D	(c) Description of transaction				Y	es No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
<ul><li>2 Enter the amount of sunder section 4958.</li><li>3 Enter the amount of to</li></ul>										\$_ \$_			
Part II Loans to and/or Complete if the organization rep	organization a	answered "Ye	es" or				ine 38a or Form 9	990, Par	t IV, lir	ne 26;	or if th	ne	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	1 111 1 114 15		(f) Balance due	(g) In default? (h) Approved by board or committee?			(i) Written agreement?				
			То	From				Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													<u> </u>
(8)													<u> </u>
(9)													
(10)													
Part III Grants or Assis Complete if the	tance Benefit	ting Interest	ed Pe	rsons.									
(a) Name of interested person	(b) Relationsh person and	ip between intere I the organization	sted (	c) Amou	unt of assistance		(d) Type of assistance	e	(e)	Purpo	se of as	sistance	е
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)						1							

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

Schedule L (Form 990 or 990-EZ) 2019

(8) (9) (10)

Schedule L (Form 990 or 990-EZ) 2019 Page 2

#### **Business Transactions Involving Interested Persons.** Part IV

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

2019

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

OF ALL AGES AND BACKGROUNDS FROM ACROSS THE STATE TO SEEK A MORE NUANCED UNDERSTANDING OF OUR COLLECTIVE HISTORY AND CURRENT ENVIRONMENT SO COMMUNITIES CAN THRIVE.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES - THINK & DRINK EVENTS ENGAGE AND INSPIRE

AUDIENCES WITH CONTEXT AND NEW PERSPECTIVES FROM SCHOLARS ON CURRENT

EVENTS; WASHINGTON STATE POET LAUREATE BUILDS AWARENESS OF AND

APPRECIATION FOR THE RICH LEGACY OF POETRY IN WASHINGTON STATE, AND; A

GRANTS PROGRAM PROVIDES FINANCIAL RESOURCES FOR CITIZENS TO ENGAGE WITH

IDEAS AND ISSUES THROUGH THE LENS OF THE HUMANITIES. IN ADDITION, IN 2019

HW TOURED THE SMITHSONIAN EXHIBIT "HOMETOWN TEAMS" TO FIVE COMMUNITIES.

MORE INFORMATION ON ALL PROGRAMS AND ACCOMPLISHMENTS CAN BE FOUND AT

WWW.HUMANITIES.ORG.

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.

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

ALL TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES, AND VOLUNTEERS UNDERSTAND

THAT THE PURPOSES OF A CONFLICT OF INTEREST 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 MAKE A FULL, WRITTEN DISCLOSURE OF
INTERESTS, RELATIONSHIPS, AND HOLDINGS THAT COULD POTENTIALLY RESULT IN A
CONFLICT OF INTEREST. THIS WRITTEN DISCLOSURE IS KEPT ON FILE AND IS
UPDATED ANNUALLY, OR AS APPROPRIATE.

ON AN ONGOING BASIS, TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES, AND

VOLUNTEERS ACTIVELY AND DILIGENTLY AVOID CONFLICTS OF INTEREST, BALANCING

THE INTERESTS OF HW ON ONE HAND, WITH PERSONAL AND PROFESSIONAL INTERESTS

ON THE OTHER. THIS INCLUDES AVOIDING POTENTIAL AND ACTUAL CONFLICTS OF

INTEREST, AS WELL AS PERCEPTIONS OF CONFLICTS OF INTEREST.

IN THE COURSE OF MEETINGS OR ACTIVITIES, ALL TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES, AND VOLUNTEERS ARE ASKED TO 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 MAY BE ASKED, OR ELECT, TO LEAVE THE ROOM FOR DISCUSSION AND ARE ALWAYS ASKED TO ABSTAIN FROM ANY DECISION OR VOTE ON THE MATTER.

Name of the organization
HUMANITIES WASHINGTON

Employer identification number

51-0191115

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.

IN BETWEEN COMMITTEE AND FULL BOARD MEETINGS ANY QUESTION AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND HOW IT SHOULD BE ADDRESSED SHALL BE DIRECTED TO AND DECIDED BY THE EXECUTIVE COMMITTEE.

FINALLY, ALL TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES, AND VOLUNTEERS
UNDERSTAND THAT THIS POLICY IS MEANT TO SUPPLEMENT GOOD JUDGMENT, AND
THEY RESPECT ITS SPIRIT AS WELL AS ITS WORDING.

FORM 990, PART VI, SECTION B, LINE 15

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 CHIEF EXECUTIVE OFFICER

(CEO) AND SETTING HIS/HER COMPENSATION. THE OBJECTIVE OF THIS POLICY IS

TO DELINEATE THE PROCEDURE FOR DETERMINING COMPENSATION OF THE CEO AND

Name of the organization
HUMANITIES WASHINGTON

Employer identification number 51-0191115

OTHER KEY EMPLOYEES, AS NEEDED, OF THE ORGANIZATION. THEY CURRENTLY
FOLLOW THE EXECUTIVE COMPENSATION POLICY APPROVED BY THE BOARD, WHICH
ARTICULATES THE FOLLOWING PROCESS SHOULD BE FOLLOWED.

THE EXECUTIVE COMMITTEE MEETS INDEPENDENTLY OF THE CEO TO DISCUSS PERFORMANCE RELATIVE TO THE POSITION DESCRIPTION.

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 PAY SURVEY NON-PROFIT REPORT AND THE ANNUAL COUNCIL STAFF SALARY REPORT PUBLISHED BY THE FEDERATION OF STATE HUMANITIES COUNCILS ARE USED TO DETERMINE COMPENSATION BENCHMARKS FOR THE POSITION.

THE EXECUTIVE COMMITTEE WILL BRIEF THE FULL BOARD OF ITS FINDINGS AND RECOMMENDATIONS IN AN EXECUTIVE SESSION WITHOUT THE CEO PRESENT.

THE EXECUTIVE COMMITTEE AND/OR THE BOARD CHAIR (A MEMBER OF THE COMMITTEE) THEN MEET WITH THE CEO TO DISCUSS AND DOCUMENT IN WRITING

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

HIS/HER ACCOMPLISHMENTS, 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 HUMANITIES WASHINGTON IN THE MANAGEMENT OF HUMANITIES WASHINGTON'S BUSINESS WHICH INCLUDES: (A) OVERSEEING THE AFFAIRS OF HUMANITIES WASHINGTON BETWEEN ITS MEETINGS, PROVIDED THAT ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE BE REPORTED TO HUMANITIES WASHINGTON'S BOARD AT ITS NEXT MEETING; (B) AUTHORIZING EMERGENCY ACTION; (C) CALLING HUMANITIES WASHINGTON BOARD MEETINGS WHEN NECESSARY; (D) MAKING RECOMMENDATIONS TO HUMANITIES

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

WASHINGTON'S BOARD; AND (E) CONDUCTING AN ANNUAL EVALUATION OF THE WORK OF THE CHIEF EXECUTIVE OFFICER AND SETTING HIS/HER ANNUAL COMPENSATION.