Return of Organization Exempt From Income Tax

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

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

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Inspection

OMB No. 1545-0047

Α_	For th	e 2020	calendar year, or tax year beginning	, 2	2020, a	ind ending				, 20			
_			C Name of organization				D	Employer ider	ntifica	ation numl	oer		
В	Check if a	applicable:	HUMANITIES WASHINGTON					51-0191115					
	Addr chan		Doing business as										
	Nam	e change	Number and street (or P.O. box if mail is	not delivered to street address)	F	Room/suite	E	E Telephone number					
	Initia	ıl return	130 NICKERSON STREET S	SUITE 304			(206) 683	2 – 1	770			
		return/ inated	City or town, state or province, country, a	and ZIP or foreign postal code									
		nded	SEATTLE, WA 98109				G	Gross receipts	\$	2	,221,	,842.	
		ication	F Name and address of principal officer:	DAVID POWERS			H	(a) Is this a grou	ıp retu	rn for	Yes	X No	
	pend	iiig	130 NICKERSON STREET 3	304, SEATTLE, WA 98	109		н	subordinates' (b) Are all subordi		ncluded?	Yes	No	
ī	Tax-ex	xempt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947((a)(1) or	527		If "No," at	tach a	list. See ins	ructions		
J	Webs	ite:	WWW.HUMANITIES.ORG				— н	(c) Group exemp	otion n	umber 🕨			
K	Form	of organ	nization: X Corporation Trust	Association Other		L Year of t		: 1973 м s			micile:	WA	
_	art I		ımmary	, resociation									
Ť	1		y describe the organization's mission or	r most significant activities. HUI	MANI:	TIES WAS	HINGT	ON OPEN	S M	INDS A	AND		
ď	-		DGES DIVIDES BY CREATING										
anc			PROGRAMS ENCOURAGE AUDI										
ern	2			iscontinued its operations or dis			25% of	ite net accet					
Governance	3		er of voting members of the governing	•	•			1	3			17.	
~	4		er of independent voting members of t						4			17.	
es	5		number of individuals employed in cale						5			12.	
Activities &	6		number of individuals employed in cale						6			30.	
Act	72		,	**					7a			0.	
			unrelated business revenue from Part V nrelated business taxable income from I						7b				
	- 5	ivet ui	melated business taxable income nomi	Form 990-1, Farti, line 11				Prior Year	7.0	Cur	rent Ye		
	8	Contri	ibutions and grants (Part VIII line 1h)					1,669,08	8			487.	
ē			ibutions and grants (Part VIII, line 1h)					1,000,00	0.		000,	0.	
Revenue	9		am service revenue (Part VIII, line 2g)					30,58			11	,918.	
R	10		tment income (Part VIII, column (A), line					-46,05				,611.	
	11		revenue (Part VIII, column (A), lines 5,			Г	-	1,653,62		2		794.	
	12		revenue - add lines 8 through 11 (must					42,41	_	۷,		,100.	
	13		Grants and similar amounts paid (Part IX, column (A), lines 1-3) 42,410. Benefits paid to or for members (Part IX, column (A), line 4) 0.									0.	
	14					836,929.			000	598.			
Ses	15		es, other compensation, employee bene								,390.		
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)	200			29,97	۰.			321.	
Ĕ	- b		fundraising expenses (Part IX, column (I					7.7.4.0.0	1		C O 1	700	
	17		expenses (Part IX, column (A), lines 11					764,86	_			700.	
	18		expenses. Add lines 13-17 (must equal			Г	-	L,674,18				719.	
- 0	19	Rever	nue less expenses. Subtract line 18 from	ı line 12				-20,55	_			075.	
Net Assets or	3							g of Current Y			of Yea		
SSe	20		assets (Part X, line 16)				-	L,680,80		⊥,		322.	
A P	21		liabilities (Part X, line 26)					146,62	_			484.	
			ssets or fund balances. Subtract line 21	from line 20	<u> </u>		-	1,534,17	6.	⊥,	61/ ,	838.	
_	art II		gnature Block										
Ur	nder pe ie. corri	nalties o ect. and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	is return, including accompanying s i officer) is based on all information (chedule of which	es and stateme n preparer has	ents, and anv knov	to the best of /ledae.	my l	knowledge	and be	lief, it is	
		,		,				Ĭ					
Sig	าก	-	2										
He	_		Signature of officer					Date					
	.10	_											
_			ype or print name and title			1-							
Pai	Ч		Type preparer's name	Preparer's signature		Date		Check	"	PTIN			
	u eparer	STE	VEN B BISHOP	STEVEN B BISHOP		09/22/		self-employe			4537	4	
	e Only	, Firm's	s name ▶BADER MARTIN, P.S	•			Fi	rm's EIN ▶ 9					
		Firm's	saddress >1000 2ND AVE 34TH FLOOR					10110 1101	06-	621-1	900		
Ma	y the	IRS d	iscuss this return with the preparer	shown above? (see instructi	ions)					. X Y	es	No	
Fo	Pape	rwork	Reduction Act Notice, see the separat	e instructions						For	m 990	(2020)	

Page 2 Form 990 (2020)

P	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	. X
1	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	sured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	o others
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 197,889. 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 2020, 1,372 CHILDREN AND PARENTS PARTICIPATED IN 40	
	EVENTS AT LIBRARIES IN ALL CORNERS OF THE STATE. 100% OF	
	PARTICIPATING CHILDREN DEMONSTRATED INCREASED CONFIDENCE AROUND	
	READING AND 94% HAD MORE POSITIVE ATTITUDES TOWARD READING, AND	
	90% OF FAMILIES REPORTED INCREASED FAMILY READING TIME.	
4h	(Code:) (Expenses \$ 174,567. including grants of \$) (Revenue \$)
710	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 2020, OVER	
	7,900 PEOPLE ATTENDED 186 PRESENTATIONS. PARTICIPANTS	
	<u> </u>	
	OVERWHELMINGLY INDICATED THAT EVENTS SPARKED MEANINGFUL	
	CONVERSATIONS AND HELPED THEM CONSIDER NEW PERSPECTIVES.	
_	(O	`
4c	(Code:) (Expenses \$257,838. 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 2020, 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 \$ 1,085,835. including grants of \$ 553,100.) (Revenue \$)	
40	Total program service expenses \(\) 1.716.129.	

Form 990 (2020)
Part IV Page 3

Part	IV Checklist of Required Schedules			
	-		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
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	Х	
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? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
. •	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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?			3.7
00	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		Χ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form 990 (2020) Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 - a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		77
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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?			
		25b		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		0.0		Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Λ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
	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	X	
20		29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	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		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Χ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
36		20		Χ
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	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? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	reportable garring (garrining) wirmings to brize wiriners:	10		

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Form 990 (2020) 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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	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		X
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		Χ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	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			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	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			
	against amounts due or received from them.)			
	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.	4.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
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 received on hand,	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
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.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O.	. 5		

Form 990 (2020) HUMANITIES WASHINGTON 51-0191115

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

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	7		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	7		
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 direc			
	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		1	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			v
Conti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	-)	X
Secu	ion B. Policies (This Section B requests information about policies not required by the Internal Revenu	- 000	Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?			21
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	10b		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		
11a		110		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
D	rise to conflicts?	12b	X	
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	_		
C	describe in Schedule O how this was done	120	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemen			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ^{₩A} ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	-T (Se	ction 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	erest p	oolicy,
	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 recommodable powers 130 NICKERSON STREET, SUITE 304 SEATTLE, WA 98109 206-682-1770	rds >		

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		Former Highest compensated employee Key employee Officer		Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) JULIE ZIEGLER	34.00										
CHIEF EXECUTIVE OFFICER	0.			Χ				112,098.	0.	16,685.	
(2) SHELLEY SAUNDERS	40.00							,		.,	
CHIEF RESOURCE DEVELOPMENT OFF	0.					X		98,000.	0.	22,036	
(3) ERIC SANDERS	24.00										
CHIEF FINANCIAL OFFICER	0.	-		Χ				60,900.	0.	12,633	
(4) KAREN FRASER	1.00										
TRUSTEE	0.	Х						0.	0.	0	
(5) DEBRA HOLLAND	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		Χ				0.	0.	0	
(8) BRIDGET PIPER	1.00										
TRUSTEE	0.	Х						0.	0.	0	
(9) DAVID POWERS	3.00										
CHAIR	0.	Х		Χ				0.	0.	0	
(10) CARLI SCHIFFNER	1.00										
TRUSTEE	0.	Х						0.	0.	0	
(11) COLLEEN ROZILLIS	3.00										
CHAIR-ELECT	0.	X		Χ				0.	0.	0	
(12) JOE ROSS	3.00										
TREASURER/SECRETARY	0.	Х		Χ				0.	0.	0	
(13) PEDRO (XAVIER) CAVAZOS	3.00										
DEI CHAIR	0.	Х		Χ				0.	0.	0	
(14) DAN LAMBERTON	1.00										
TRUSTEE	0.	Х						0.	0.	0	

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es,	and H	ligh	nest Compensat	ed Employees (c	Page b continued)
(A)	(B)		_	((Ĭ	(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours per week (list any					e than or is both a		compensation from	compensation from related	amount of other
	hours for	office		d a d		or/truste	ee)	the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key	Highest co employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidu	itutio	cer	emp	nest	ner	(W-2/1099-MISC)		organization and related
	line)	lor tr	onal		Key employee	com				organizations
		ıste	trus		ď	pen				
		Ф	tee			compensated				
15) BRAD RICHARDSON	1.00									
TRUSTEE	0.	Х						0	0.	(
16) RENE BACA	1.00									
TRUSTEE	0.	Х						0	0.	(
17) PETER DANELO	1.00									
TRUSTEE	0.	X						0	0.	(
18) BETSY GODLEWSKI	1.00									
TRUSTEE	0.	X						0	0.	
19) MARK MIYAKE	1.00	.,						0	_	
TRUSTEE 20) JULIETA ALTAMIRANO-CROSBY	1.00	X				\vdash		0	0.	l
TRUSTEE	 0.	X						0	0.	
IRUSIEE	0.	Λ						0	0.	
		-								
	-+									
		-								
1b Sub-total							•	270,998.	0.	51,354
c Total from continuation sheets to Part VII,	Section A		•					0.	0.	0
d Total (add lines 1b and 1c)							\blacktriangleright	270 , 998.	0.	51 , 354
2 Total number of individuals (including but no				d al	bove	e) who	red	ceived more than	\$100,000 of	
reportable compensation from the organizati	on >	-	1							126 1 24
						_				Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3 X
										3 1
4 For any individual listed on line 1a, is the organization and related organizations of										
individual										4 X
5 Did any person listed on line 1a receive of										
for services rendered to the organization? If										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co										
compensation from the organization. Report year.	compensati	on to	r the	cal	ienc	ar yea	ar e	naing with or with	nin the organizatio	n's tax
your.										

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

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.

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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 V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ğ,	С	Fundraising events 1c	95,819.				
ifts ar A	d	Related organizations 1d					
Ω≝	е	Government grants (contributions) 1e	1,650,021.				
Sir	f	All other contributions, gifts, grants,					
uti e		and similar amounts not included above . 1f	344,647.				
들	g	Noncash contributions included in					
d		lines 1a-1f	7,199.				
g g	h	Total. Add lines 1a-1f		2,090,487.			
			Business Code				
Program Service Revenue	2a						
le G	b						
n S	С						
rar ev	d	- <u></u> -					
.og	е						
<u>-</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	0.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	20,559.			20,559.
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 109,334.					
<u>9</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b 84,975.					
ě	С	Gain or (loss) 7c 24,359.					
<u> </u>	d	Net gain or (loss)	▶	24,359.			
Other R	8a	Gross income from fundraising					
Ó		events (not including \$95,819.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	26,073.				
	С	Net income or (loss) from fundraising events.		-26,073.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	c	Net income or (loss) from gaming activities	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold	0.				
_	c	Net income or (loss) from sales of inventory	▶	0.			
S			Business Code				
Miscellaneous Revenue	11a	OTHER REVENUE	900099	1,462.			1,462.
ane	b						
eve	C						
isc R	d	All other revenue					
Σ	е		▶	1,462.			
	12	Total revenue. See instructions		2,110,794.			22,021.
JSA							Form QQ0 (2020)

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
	(A)		(C)	(D)				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	Fundraising				
		expenses	general expenses	expenses				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	553,100.	553,100.						
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	202,316.	148,800.	33,650.	19,866.				
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	531,339.	388,393.	17,206.	125,740.				
8 Pension plan accruals and contributions (include								
section 401(k) and 403(b) employer contributions)	29,948.	21,892.	970.	7,086.				
9 Other employee benefits	74,922.	54,767.	2,427.	17,728.				
10 Payroll taxes	60,073.	43,913.	1,946.	14,214.				
11 Fees for services (nonemployees):								
a Management	0.							
b Legal	0.							
c Accounting	24,740.		24,740.					
d Lobbying	10,000.		10,000.					
e Professional fundraising services. See Part IV, line 17	26,321.			26,321.				
f Investment management fees	6,952.		6,952.					
g Other. (If line 11g amount exceeds 10% of line 25, column								
(A) amount, list line 11g expenses on Schedule O.)	0.							
12 Advertising and promotion	71,509.	69,750.	1,107.	652.				
13 Office expenses	12,116.	8,773.	705.	2,638.				
14 Information technology	0.							
15 Royalties	0.							
16 Occupancy	50,355.	36,727.	3,372.	10,256.				
17 Travel	14,080.	3,321.	10,644.	115.				
18 Payments of travel or entertainment expenses								
for any federal, state, or local public officials	0.							
19 Conferences, conventions, and meetings	5,808.		5,808.					
20 Interest	287.		287.					
21 Payments to affiliates	0.							
22 Depreciation, depletion, and amortization	16,122.	12,540.	1,791.	1,791.				
23 Insurance	4,730.	3,613.	601.	516.				
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.)								
aREPAIRS AND MAINTENANCE	8,932.	7,368.	338.	1,226.				
DIRECT PROGRAM EXPENSES	304,554.	304,554.						
cDUES & FEES	47,053.	36,960.	4,535.	5,558.				
dPOSTAGE	13,826.	13,452.	159.	215.				
e All other expenses	13,636.	8,206.	2,063.	3,367.				
25 Total functional expenses. Add lines 1 through 24e	2,082,719.	1,716,129.	129,301.	237,289.				
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 ▶ if								
following SOP 98-2 (ASC 958-720)	0.			- 000 (000)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u> .	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	118,552.	1	179,035.
	2	Savings and temporary cash investments	284,923.	2	371,109.
	3	Pledges and grants receivable, net	126,038.	3	54,612.
	4	Accounts receivable, net	0.	4	39,415.
	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.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	28,720.	9	26,448.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 156,012.			
	b	Less: accumulated depreciation	31,930.	10c	15,808.
	11	Investments - publicly traded securities	1,086,364.	11	1,179,620.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	4,275.	15	8,275.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,680,802.	16	1,874,322.
	17	Accounts payable and accrued expenses	84,375.	17	69,821.
	18	Grants payable	17,000.	18	13,500.
	19	Deferred revenue	41,906.	19	17,196.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jabi		controlled entity or family member of any of these persons	0.	22	0.
	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	153,906.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,345.	25	2,061.
	26	Total liabilities. Add lines 17 through 25	146,626.	26	256,484.
Section		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	807,600.	27	876,534.
Ö	28	Net assets with donor restrictions	726 , 576.	28	741,304.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	1,534,176.	32	1,617,838.
Ž	33	Total liabilities and net assets/fund balances	1,680,802.	33	1,874,322.
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011111 00	(2020)			1 4	ige I =	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			110,		
1	Total revenue (must equal Part VIII, column (A), line 12)	equal Part VIII, column (A), line 12)				
2					719.	
3	Revenue less expenses. Subtract line 2 from line 1	3			075.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	534,2		
5	Net unrealized gains (losses) on investments	5		55,5	587.	
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,	617,8	838.	
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		
			_	Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			ı	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	, X		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	ı a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	of	. X		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	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	rth in t	he			
	Single Audit Act and OMB Circular A-133?		3a	ı X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo t	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b	X		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

51-0191115

Department of the Treasury Internal Revenue Service Name of the organization

HUMANITIES WASHINGTON

Employer identification number

Pai	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	S.	
he	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)		
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
		hospital's name, city, and st	tate:						
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ntal unit described in	
	_	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	•			,	,,,,,,,,		
7	Х	An organization that norma	•	•	pport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)		-					
8		A community trust describe							
9		An agricultural research org	=			-	=		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Er	nter the	name, city, and state o	f the college or	
		university:							
0		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ited to its exempt facilities to its exempt for its exempt income and united to the income and united its exempt.	unctions, subject to conrelated business tax	ertain ex able incc	ceptions me (les	s; and (2) no more than s section 511 tax) from	n 331/3 % of its	
1		An organization organized	•	•	•		. , , ,		
2		An organization organized		•					
		of one or more publicly su							
		Check the box in lines 12a t	•	• •			•	•	
а		Type I. A supporting orga	•	•	•		•		
		the supported organization	. , .	• • • • • • • • • • • • • • • • • • • •		ajority of	the directors or truste	es of the	
		_ supporting organization. \	•						
b	L	☐ Type II. A supporting org	•					. , .	
		control or management of		-	the sam	e persor	ns that control or man	age the supported	
		organization(s). You must							
С								lly integrated with,	
		its supported organization		•					
d		☐ Type III non-functionally			-				
		that is not functionally inte	_		-		•	an attentiveness	
_		requirement (see instruct	•	-				I. Tumo III	
е		Check this box if the orga						і, туре ііі	
f	En	functionally integrated, or ter the number of supported	• •			•			
		ovide the following information							
3		ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	(-,	9	(,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see	
				above (see instructions))	Yes	nent?	instructions)	instructions)	
					103	110			
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **2**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,262,628.	1,184,375.	1,679,299.	1,634,417.	2,083,548.	7,844,267.
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	1,262,628.	1,184,375.	1,679,299.	1,634,417.	2,083,548.	7,844,267.
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						7,844,267.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,262,628.	1,184,375.	1,679,299.	1,634,417.	2,083,548.	7,844,267.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,801.	19,336.	22,604.	24,180.	20,559.	107,480.
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	2,692.	13,485.	19,724.	2,664.	1,462.	40,027.
11	Total support. Add lines 7 through 10						7,991,774.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						00 15
14	Public support percentage for 2020 (li					14	98.15 % 97.98 %
15	Public support percentage from 2019					15	
16a	33 1/3 % support test - 2020. If the or	=					
_	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
47-	this box and stop here . The organization	-		-			
1/a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization Part VI how the organization meets					-	•
	S			ŭ	•	, ,	
h	organization						
D	15 is 10% or more, and if the organization	-	•				
	in Part VI how the organization meets						•
	organization			_	=	· · · · · ·	
18	Private foundation. If the organization						
10	•						
	instructions					obodulo A (Form 00	

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Schedule A (Form 990 or 990-EZ) 2020 Page 3

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			/ 1	'	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 0040	(I-) 0047	(-) 0040	(-1) 0040	(-) 0000	(6 T-+-I
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 10 a	Amounts from line 6						
h	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 5 years. If the Form 990 is for	the organizati	on's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔼
	tion C. Computation of Public Sup					T	
15	Public support percentage for 2020 (line 8					15	<u>%</u>
16	Public support percentage from 2019 Sche					16	<u>%</u>
Sec	tion D. Computation of Investmen					T 1	
17	Investment income percentage for 2020 (lin					17	<u>%</u>
18	Investment income percentage from 2019					18	%
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check		-				
20	Private foundation. If the organization of	and not check a	a box on line 14	, 19a, or 19b,	check this box	and see instruc	etions

Schedule A (Form 990 or 990-EZ) 2020 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
Section	detail in Part VI. on B. Type I Supporting Organizations	11c		
Section	on b. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
'	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
-	on or type in employming enganizations		Yes	No
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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
	on E. Type III Functionally Integrated Supporting Organizations	4	\	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insection The organization satisfied the Activities Test. Complete line 2 below.	itructio	ons).	
a	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b c	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	a instr	uction	c)
C		ic ilisti		No
2	Activities Test. Answer lines 2a and 2b below.			
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 Part VI identify			
	those supported organization(s) to which the organization was responsive? If Yes, then in Fart violentity 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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .	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 Part VI the role played by the organization in this regard.	3h		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		,
	instructions. All other Type III non-functionally integrated supporting organi	zations n	nust complete Sectio	ns A through E.
Se	ection 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	, ,	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2		2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting	g organization
	(see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

i ait		oupporting organizat			
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
ī	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				

Schedule A (Form 990 or 990-EZ) 2020

6

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

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

SCHEDULE A, PART II - OTHER INCOME									
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL			
MISCELLANEOUS INCOME	2,692.	13,485.	19,724.	2,664.	1,462.	40,027.			
TOTALS	2,692.	13,485.	19,724.	2,664.	1,462.	40,027.			

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

2020

Employer identification number

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization HUMANITIES WASHINGTON

Employer identification number 51-0191115

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1_		\$\$	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		\$ \$ 84,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization HUMANITIES WASHINGTON

Employer identification number 51-0191115

Part II	Noncash Property	(see instructions). Use duplicate co	pies of Part II if additiona	I 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
		\$	

Name of organization HUMANITIES WASHINGTON

Employer identification number 51-0191115

Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicat	the year from any one of ions completing Part III, end e year. (Enter this information	contributor. Contributor. Contributor.	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi	ift	
	Transferee's name, address, an	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi	ift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

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

Open to Public Inspection

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

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

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

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

	(/(-/ 3	((//	•	'
	. , . , -	that have NOT filed Form 5768 (elect	,		-
lf the Tax)	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
,	Section 501(c)(4), (5), or (6) orga				
Nam	e of organization			Employer ide	ntification number
HUM	MANITIES WASHINGTON			51-019	1115
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV. (See i	nstructions for
	definition of "political campa	ign activities")		·	
2	Political campaign activity e	xpenditures (See instructions)		\$	
3	Volunteer hours for political	campaign activities (See instruction	ons)		
Pai	t I-B Complete if the c	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 ▶ \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.				
Pai	<u> </u>	organization is exempt under			5).
1		xpended by the filing organization			
2		ng organization's funds contributed			
_		es			
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	rm 1120-POL,	
4		e Form 1120-POL for this year?			
5	Enter the names, addresses	and employer identification numl	per (FIN) of all section	on 527 political organiza	ations to which the filing
		s. For each organization listed, e			
		tributions received that were pror			
	as a separate segregated fur	nd or a political action committee	(PAC). If additional sp	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				Turius. Il fioric, critor -o	delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(*)					
(5)					
(6)					
(6)			-		

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

Schedule C (Form 990 or 990-EZ) 2020

51-0191115 Page **2**

Pa	art II-A Complete if the orga section 501(h)).	nizatio	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under
A	Check ▶ if the filing organizar address, EIN, expe					ch affiliated group mem	ber's name,
В	Check ▶ if the filing organiza	tion che	ecked box A	A and "limited contro	l" provisions app	ly.	
	Limits o (The term "expenditur		ying Expend eans amour)	(a) Filing organization's totals	(b) Affiliated group totals
1 <i>a</i>	a Total lobbying expenditures to inf	luence	public opini	on (grassroots lobb	ying)		
k	b Total lobbying expenditures to inf	luence	a legislative	e body (direct lobbyi	ng)		
C	c Total lobbying expenditures (add	lines 1	a and 1b) .				
	d Other exempt purpose expenditur						
	e Total exempt purpose expenditur						
f	f Lobbying nontaxable amount. E columns.	nter the	e amount f	from the following	table in both		
	If the amount on line 1e, column (a) of	or (b) is:	The lobbyin	g nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 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 \$1,500	0,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,00	00,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
	g Grassroots nontaxable amount (e						
ŀ	h Subtract line 1g from line 1a. If ze						
i	Subtract line 1f from line 1c. If ze						
j	If there is an amount other than				•		
	reporting section 4911 tax for this			aging Period Under			Yes No
	(Some organizations that I				` '	to all of the five colum	ne below
	(Some organizations that i			te instructions for I			ilis below.
		000	ille Separai	te ilistructions for i	ines za tili ougii i	21.)	
_		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Per	riod	
	Calendar year (or fiscal year beginning in)	(a)	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
28	a Lobbying nontaxable amount						
k	b Lobbying ceiling amount (150% of line 2a, column (e))						
_	C Total lobbying expenditures						
_	d Grassroots nontaxable amount						
•	e Grassroots ceiling amount (150% of line 2d, column (e))						
f	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO	T file	d For	m 576	88	P	age 3
	(election under section 501(h)).	(8	٠,		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amoui	nt	
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)?.	Х					
С	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?	Х					100
е	Publications, or published or broadcast statements?	Х					250
f	Grants to other organizations for lobbying purposes?	X					070
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				20,	675
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities?		X				
j	Total. Add lines 1c through 1i					41,	095
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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	ectio	ı		
	501(c)(6).					_	
					$\overline{}$	res	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				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" answered "Yes."	OK (L) Pai	π III-A,	, ime 3,	IS	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou		of.				
_	political expenses for which the section 527(f) tax was paid).	illes (Ji				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			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 le	obbyir	ıg				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (See instructions)			5			
	t IV Supplemental Information						
	vide 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, line	es 1	and
2 (5	ee instructions); and Part Il-B, line 1. Also, complete this part for any additional information.						
CFI	E PAGE 4						
اظری	rage 4						

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 Page **4**

Part IV Supplemental Information (continued)

PART II-B, LINE 1, LOBBYING ACTIVITIES

AT THE FEDERAL LEVEL, HW'S LOBBYING ACTIVITIES INCLUDE ATTENDANCE BY SOME 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, SOME HW BOARD MEMBERS AND STAFF PARTICIPATE IN THE HERITAGE CAUCUS, AND MOST PARTICIPATE IN 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. SOME 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** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HUM	MANITIES WASHINGTON	51-0191115
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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	n 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 fun	
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt 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).	
	Preservation of land for public use (for example, recreation or education) Preservation of	f a historically important land area
		f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
c		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	·
•	tax year	ated by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	on handling of
•	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing or	
	b	oneen auton outermente auning une yeur
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
•	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or a state of the formular treasures.	or research in furtherance of public
L	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or researched the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2020

Page 2 Schedule D (Form 990) 2020

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or	Other Similar	Assets (c	ontinue		age =
3	Using the organization's acquisition	n, accession, and o	ther records, chec	k any of the	following that	make sign	ificant ı	use o	of its
	collection items (check all that appl	y):							
а	Public exhibition		d Loan	or exchange	program				
b	Scholarly research		e Other						
С	Preservation for future gener	ations							
4	Provide a description of the organ	nization's collections	and explain how	they further	the organization	n's exempt	purpos	se in	Part
	XIII.								
5	During the year, did the organization	n solicit or receive d	onations of art, hist	orical treasu	res, or other sim	ilar _	_		_
	assets to be sold to raise funds rath		nined as part of the	organization	's collection?		Yes		No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	tion answered "Ye	s" on Form 990, F	Part IV, line	9, or reported	an amoun	t on Fo	orm	
	990, Part X, line 21.								
1a	Is the organization an agent, trust						_		,
	included on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tal	ole:					
						Amount			
С	Beginning balance								
d	Additions during the year			1d					
е	Distributions during the year			1e					
f	Ending balance								
2a	3						Yes		No
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	has been pr	ovided on Part X	III			
Pa	rt V Endowment Funds.								
	Complete if the organiza	tion answered "Ye							
		(a) Current year	(b) Prior year	(c) Two year	` '	years back	(e) Four		
1a	Beginning of year balance	404,957.	342,722.	364,	,959. 31	L7,967.	-	298 ,	399.
b	Contributions								
С	Net investment earnings, gains,								
	and losses	46,628.	62,235.	-22,	,237.	16,992.		19,	568.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	451,585.	404,957.	342	, 722. 36	54,959.		317,	967.
2	Provide the estimated percentage	of the current year e	end balance (line 1g.	column (a))	held as:				
а	Board designated or quasi-endowm	ent >	_%	. , ,					
b	Permanent endowment ▶ 58.0	000 %							
С	Term endowment ▶ 42.0000	%							
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	00%.						
3 a	Are there endowment funds not in	the possession of th	e organization that	are held and	d administered fo	r 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	ed organizations listed	d as required on Sch	edule R?			3b		
4	Describe in Part XIII the intended u		tion's endowment fu	nds.					
Pa	rt VI Land, Buildings, and Equ	ipment.	oc" on Form 000	Dart IV line	11a Soo Forn	n 000 Pai	rt V lin	~ 1N	
	Complete if the organization of property	(a) Cost or		or other basis	(c) Accumulated		Book va		<u>. </u>
	Boosinption of property	(invest		other)	depreciation	(u)	DOOK VA	iue	
1a	Land								
b	Buildings								
С	Leasehold improvements			23,706.	21,335				371.
d	Equipment			L32,306.	118,869			13,4	137.
	Other								
	I. Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B), line 10	c.) •	·		15,8	308.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020			Page 3
Part VII Investments - Other Securities. Complete if the organization answe	red "Yes" on Form 990), Part IV, line 11b. See Form 990, Part 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 value	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	red "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	
		Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.	<u> </u>		
	red "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line	15.
) Description	(b) Book v	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
_(8)			
(9)	(D) (in a 45.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) IINE 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. Complete if the organization answelline 25.	ered "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part	Χ,
	scription of liability	(b) Book v	value
(1) Federal income taxes	or priori or nability	(b) Dook v	raido
(2) CAPITAL LEASE OBLIGATION			2,061.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		2,061.
2. Liability for uncertain tax positions. In Part XIII, provide		·	,
organization's liability for uncertain tax positions under FA			

Schedule D (Form 990) 2020 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,164,309.
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.)	0.	60,467.
е	Add lines 2a through 2d	2e 3	2,103,842.
3	Subtract line 2e from line 1	3	2,103,042.
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, 952		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a 6, 952. Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	6,952.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,110,794.
Part		ırn.	
1	Total expenses and losses per audited financial statements	1	2,080,647.
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.)		4 000
е	Add lines 2a through 2d	2e	4,880.
3	Subtract line 2e from line 1	3	2,075,767.
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, 952		
а	investment expenses not included on Form 930, Fart VIII, line Fb. 1.1.1.1.1.	-	
b	Other (Describe in Part XIII.)	40	6,952.
С 5	Add lines 4a and 4b	4c 5	2,082,719.
_	XIII Supplemental Information.	3	2,002,713.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation	

Page 5

Part XIII Supplemental Information (continued)

PART V, LINE 4

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

PART X, LINE 2

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

HUMANITIES WASHINGTON					51-0191115	
Form 990-EZ filers are not re				Yes" on Form 99	00, Part IV, line 1	7.
1 Indicate whether the organization rai				activities. Check a	all that apply.	
a X Mail solicitations	e		_	non-government g		
b X Internet and email solicitations	f			government grants		
c X Phone solicitations	g			ising events		
d X In-person solicitations	ษ	оро	Jiai Tariara	onig overto		
2a Did the organization have a written o	r oral agraement w	with any in	dividual (in	aluding officers d	irootoro truotoco	
or key employees listed in Form 990 b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser 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						
ATTACHMENT 1						
2						
3						
4						
*						
5						
6						
7						
8						
9						
10						
Total				260,500.	26,321.	234,179.
List all states in which the organiza registration or licensing.	tion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts greaters.	aising event contributi			
			(a) Event #1 BEDTIME STORIES	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
d)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	95,819.			95,819.
K	2	Less: Contributions Gross income (line 1 minus line 2)	95,819.			95,819.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	26,073.			26,073.
	10 11	Direct expense summary. Add lin Net income summary. Subtract lii	es 4 through 9 in colur	mn (d)		26,073. -26,073.
Pa			anization answered "\			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct [4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ıbtract line 7 from line	1, column (d)		
9 a k	ı	Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:		in each of these state		Yes No
10 a		Were any of the organization's gamino	g licenses revoked, susp		• •	Yes No

HUMANITIES WASHINGTON

Schea	lule G (Form 990 or 990-EZ) 2020 Page :	3
11	Does the organization conduct gaming activities with nonmembers? Yes No	0
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?	0
13	Indicate the percentage of gaming activity conducted in:	
а	* * * * * * * * * * * * * * * * * * * *	%
b		%
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?	n
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	- –
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶\$	
	Description of services provided ▶	- –
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license? Yes No	0
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) 2020

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

ATTACHMENT 1

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				

234,179.

26,321.

260,500.

 \bowtie

WRITING

13717 LINDEN AVE N, SUITE 203

SEATTLE WA 98133

SCHEDULE L

Part I

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

HUMANITIES WASHINGTON

51-0191115 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

	Complete if the organization ar	iswered "Yes" on Form 990, Part IV, line 2	5a or 25b, or Form 990-EZ, Part V, line 40b.							
4	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction		rected?					
<u> </u>	(a) Name of disqualified person	organization	(c) Description of transaction							
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year							
	under section 4958									
3	Enter the amount of tax, if any, on lin	e 2, above, reimbursed by the organization	> \$							

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	(d) Loan to or from the organization?		principal amount	(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)												
(8)												
(9)												
(10)												
Total					•	\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 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	TRUSTEE		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, TRUSTEE 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

2020

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 2020

HW TOURED THE SMITHSONIAN EXHIBIT "HOMETOWN TEAMS" TO THREE 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.

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

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

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

TO DELINEATE THE PROCEDURE FOR DETERMINING COMPENSATION OF THE CEO AND

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.

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

DURING THESE DELIBERATIONS, THE EXECUTIVE COMMITTEE MAY CONSIDER INPUT OBTAINED FROM OTHER BOARD MEMBERS, STAFF, PROFESSIONAL ADVISORS, GRANT RECIPIENTS, AND OTHER INFORMED COMMUNITY LEADERS.

51-0191115

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 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.

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

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