	***** THIS IS NOT A FILEABLE COPY *****		
	IRS e-file Signature Authorization		OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization		
	For calendar year 2018, or fiscal year beginning, 2018, and ending	, 20	2018
Department of the Treasury	Do not send to the IRS. Keep for your records.		
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization	1	Employer	identification number
SOUTHWEST SEA Name and title of officer KATHY BLACKWE PRESIDENT	ATTLE HISTORICAL SOCIETY	91-1	297010
	Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or <b>t</b>	urn for which you are using this Form 8879-EO and enter the applicable amount, if any, f 5a, below, and the amount on that line for the return being filed with this form was blank blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applical	, then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	225,046

1a	Form 990 check here <b>L b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	225,046.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X lauthorize HUNT JACKSON, PLLC	to enter my PIN 98116
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within is being filed with a state again using the state again of the USE End (Chate again a state of the USE	

is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature 🕨 🔺	**** THIS	IS N	A TO	FILEABLE	COPY	* * *	Date 🕨
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#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91115998116
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's	signature	

Date 🕨

# **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 823051 10-26-18

Form 8879-EO (2018)

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Form	J	J	U

# EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

ΑI	For th	e 2018 calendar year, or tax year beginning and e	ending					
B	Check if applicat	C Name of organization		D Employer identifie	cation number			
	Addr							
	Name	ge Doing business as		91-1	297010			
	Initial returr Final returr	,	Room/suite	E Telephone number (206	, ) 938-5293			
	termi ated	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	326,430.			
	Amer returr			H(a) Is this a group re	-			
	Appli tion pend	F Name and address of principal officer; KATHY BLACKWELL		for subordinates <b>H(b)</b> Are all subordinates ir	? Yes X No			
1	Tax-ex	xempt status: 🚺 501(c)(3) 🛄 501(c) ( ) ◀ (insert no.) 🛄 4947(a)(1) o	or 527		list. (see instructions)			
		ite: ► WWW.LOGHOUSEMUSEUM.ORG		H(c) Group exemption				
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year		State of legal domicile: WA			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: TO MA	AINTAI	N RECORDS O	F SOUTHWEST			
Activities & Governance		SEATTLE HISTORY AND TO PROMOTE HERITAGE	IN THE	LOCAL COMM	UNITY			
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos						
Š	3				12			
~	4	Number of independent voting members of the governing body (Part VI, line 1b) .			12			
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			8			
Ĭĭ	6	Total number of volunteers (estimate if necessary)			97			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
-	b	Net unrelated business taxable income from Form 990-T, line 38	·····	7b	0.			
				Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		88,676.	170,261.			
eni	9	Program service revenue (Part VIII, line 2g)		7,876.	2,042.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3.	238.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53,798.	52,505.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		150,353.	225,046.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		77,517.	93,896.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)		21 1 0 0				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,188.	55,536.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		108,705.	149,432.			
		Revenue less expenses. Subtract line 18 from line 12		41,648.	75,614.			
s or			Be	ginning of Current Year	End of Year			
Net Assets or -und Balances	20	Total assets (Part X, line 16)		1,013,798.	1,088,328.			
et A: nd E	21	Total liabilities (Part X, line 26)		1,125.	41.			
		Net assets or fund balances. Subtract line 21 from line 20		1,012,673.	1,088,287.			
	art II							
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true	e. corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer	has any knowledge.				

Sign Here	Signature of officer KATHY BLACKWELL, PRESI Type or print name and title	DENT	Date				
Paid	Print/Type preparer's name DAVID PAGRYZINSKI	Preparer's signature Dil Post 11/13/2	019				
Preparer	Firm's name 🕨 HUNT JACKSON, PL	LC	Firm's EIN 91-1744210				
Use Only	Firm's address 4123 CALIFORNIA						
	SEATTLE, WA 9811	.6	Phone no. (206) 932-1314				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
832001 12-3	832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)						
~ ~	=  a a a a b a b a b a b a b a b a b a						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Cruck if Schedule Contains a response or note to any line in this Part III         Bondy describe the organization reasors         TO FROMOTE LOCAL HERITAGE THROUGH EDUCATION, PRESERVATION, AND ADVOCACY.         Old the organization undertake any significant program services during the year which were not listed on the prior form 800 e80-E27       Ives (% E)         Did the organization class conducting, or make significant changes in how it conducts, any program services, as measured by prepreses. Section 50 (%) and 50		990 (2018) SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1297010 Paget III Statement of Program Service Accomplishments
Bindly describe the organization's mission:         TO PROMOTE LOCAL HERITAGE THROUGH EDUCATION, PRESERVATION, AND ADVOCACY.         Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 90-62?       IV 'es: [X]         Did the organization crease ordenting, or make significant charges in how it conducts, any program services?       IV 'es: [X]         Did the organization crease ordenting, or make significant charges in how it conducts, any program services?       IV 'es: [X]         Did the organization crease ordenting, or make significant charges in how it conducts, any program services?       IV 'es: [X]         Did the organization's program service secondistments for each of its three largest program services?       IV es: [X]         Did the organization's program service secondistments for each of its three largest program services?       IV es: [X]         10 (code:       ) (Coverest S 00.511.       nctuder games of an organization's program services?       IV es: [X]         10 (code:       ) (Coverest S 00.511.       nctuder games of an organization's program services?       IV es: [X]         10 (code:       ) (Coverest S 00.511.       nctuder games of an organization's program services?       IV es: [X]         10 (code:       ) (Coverest S 00.00 CH CPTORTS NO EXPERIMENTIAL NOT INCOVER PLACE NOT INCLASE SEC DECRASS, TWO HIS TORTLE HISTORTUCE PLANT GARDEN AND MUSECUM. IMPORTANTLY. WE HAVE BEEN ABLE TO EXPERIMENTIAL TORENTANTLY (S)       IV OR DOPLE (S) (R ALL AL LA	Fai	
Did the organization undertake any significant program services during the year which were not listed on the proform 980 or 980-E2?	1	Briefly describe the organization's mission:
prior mass or sole:27		
prior mass or sole:27	2	Did the organization undertake any significant program convices during the year which were not listed on the
Did the organization cases conducting, or make significant changes in how it conducts, any program services?	Z	prior Form 990 or 990-EZ?
Section 501(6)(3) and S01(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.       104,41         Cocker       0 (0,511. including grants of 1) (increme \$ 104,41       THE SOUTHWEST SEATTLE HISTORICAL SOCIETY IS PROUD OF OUR EFFORTS TO EXPAND THE STORIES WE TELL AND THE AUDIENCES WE HAVE REACHED. IN 2013 WE'VE DONE SO THNOUGH TWO NEW EXHIBITS, 12 MONTHLY SPEAKER PROGRAMS, TWO HISTORIC HOME TOURS, A HISTORY BIKE RIDE, AND UNCERASED USE AND INTERPRETATION OF OUR NATIVE PLANT GARDEN AND MUSEUM. IMPORTANTLY, WE HAVE BEEN ABLE TO EXPAND OUR STAFFING FOR THE MUSEUM TO INCLUDE EXPANDED HOURS FOR OUR CURATOR AND A NEW COLLECTIONS REGISTRAR POSITION. SIGNIFICANTLY, WE PARTNERED WITH SUBPOP RECORDS FOR THE SPE MUSIC FESTIVAL THAT TOOK PLACE ON ALKI BEACH IN 2018 TO REACH A LARGE BROADER, YOUNGER AUDIENCE OF NEARLY 30,000 PEOPLE. WE ARE ALSO PROUD OUR PARTNERSHIP WITH THE NONPROFIT, MOVING IMAGE OP PUGET SOUND, TO DIGITALLY PRESERVE AND SHARE OUR VHS COLLECTION AT THE NORTHNEST FILM         0 [code](Expenses)(Expenses)(freemes)(freemes)(freemes)(freemes)         1 Other program services (Describe in Schedule 0.)         [code](Expenses)(freemes)(freemes)(freemes)(freemes)(freemes)(freemes)(freemes	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
<pre>1 (Code</pre>	4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
EXPAND THE STORIES WE TELL AND THE AUDIENCES WE HAVE REACHED. IN 2018         WE'VE DONE SO THROUGH TWO NEW EXHIBITS, 12 MONTHLY SPEAKER PROGRAMS,         TWO HISTORIC HOME TOURS, A HISTORY BIKE RIDE, AND INCREASED USE AND         INTERPRETATION OF OUR NATIVE PLANT GARDEN AND MUSEUM. IMPORTANTLY, WE         HAVE BEEN ABLE TO EXPAND OUR STAFFING FOR THE MUSEUM TO INCLUDE         EXPANDED HOURS FOR OUR CURATOR AND A NEW COLLECTIONS REGISTRAR         POSITION. SIGNIFICANTLY, WE PARTNERED WITH SUBPOP RECORDS FOR THE SPF         MUSIC FESTIVAL THAT TOOK PLACE ON ALKI BEACH IN 2018 TO REACH A LARGE         BROADER, YOUNGER AUDIENCE OF NEARLY 30,000 PEOPLE. WE ARE ALSO PROUD         OUR PARTNERSHIP WITH THE NONPROFIT, MOVING IMAGE OF PUGET SOUND, TO         DIGITALLY PRESERVE AND SHARE OUR VHS COLLECTION AT THE NORTHWEST FILM         P(code      )(Revenues)(Revenue 4	4a	(Code: ) (Expenses \$ 60,511. including grants of \$ ) (Revenue \$ 104,41
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Form 990 SEE SCHEDULE O FOR CONTINUATION(S) 2		
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Form	aan	(2018)	
	330	(2010)	

Part IV Checklist of Required Schedules

SOUTHWEST SEATTLE HISTORICAL SOCIETY

			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?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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 E. Parts Land IV.	1/1		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign 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	13		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form **990** (2018)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
200	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	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
20	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
•.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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 related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	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?	38	х	
Pa	Note. All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	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 1a 3		103	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Form 990	(2018)	SOUTHWEST	SEATTLE	HISTORICAL	SOCIETY
Part V	Statements	s Regarding Other	IRS Filings	and Tax Complia	Ince (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	8				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	rns?		2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			x	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		~	
D	If "Yes," enter the name of the foreign country:						
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			5a		Х	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50			
ou	any contributions that were not tax deductible as charitable contributions?			6a		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	were not tax deductible?		9	6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	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			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired				
	to file Form 8282?			7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X X	
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		Х	
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
-				8		X	
9	Sponsoring organizations maintaining donor advised funds.			•		v	
a				9a		X X	
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		Λ	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	I				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a					
11	Section 501(c)(12) organizations. Enter:	100	1				
		11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
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		I				
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c				v	
				14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					x	
	excess parachute payment(s) during the year?			15		л	
16	If "Yes," see instructions and file Form 4720, Schedule N.	nt in co	me?	16		х	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O.		1110 (	10			

Form **990** (2018)

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Form 990	(2018)	)
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# SOUTHWEST SEATTLE HISTORICAL SOCIETY

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

	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		
Sec	tion A. Governing Body and Management					
1	Enter the number of voting members of the governing body of the and of the tay year	1a	12		Yes	
Ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing		12	4		
<b>b</b>	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	4	12			
	Enter the number of voting members included in line 1a, above, who are independent	<b>1</b> b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					
_	officer, director, trustee, or key employee?			2		ŀ
3	Did the organization delegate control over management duties customarily performed by or under t		-			.
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					Ι.
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, 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	ear by th	e following:			
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)		-	
				_	Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1 <b>1</b> a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-			
				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			13		
.e 14	Did the organization have a written document retention and destruction policy?			14	X	┢
15	Did the process for determining compensation of the following persons include a review and approv					
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		laependent			
•	The organization's CEO, Executive Director, or top management official			15a		
				15a		
b	Other officers or key employees of the organization			aci		·
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10		
	taxable entity during the year?			16a		ŀ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
<b>jec</b>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990	)-T (Section 501(c)(3	)s only	) avail	ab
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict o	of interest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks ar	nd records 🕨			
	M. HUMPHREYS - (206) 938-5293					
	3003 61ST AVE SW, SEATTLE, WA 98116					
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	6					
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Part VII	Co	npensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Ēm	ployees, and Independent Contractors

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average			(C Pos	<b>C)</b> ition	 1		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (list any	box offic	, unle	ess pe nd a d	rson	is bot	h an	compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KAREN SISSON PRESIDENT	6.00	x		x				0.	0.	0.
(2) NANCY SORENSON	6.00					Ľ		0.	0.	0.
VICE PRESIDENT	0.00	x		x				0.	0.	0.
(3) RON ARANT	6.00						~			
TREASURER		x		x				0.	0.	0.
(4) SANDIE WILKINSON	6.00									
SECRETARY		Х		X				0.	0.	0.
(5) JOHN SWEETLAND	6.00									
MEMBERSHIP SECRETARY		Х		Х				0.	0.	0.
(6) BURKE DYKES	3.00									
TRUSTEE		Х						0.	0.	0.
(7) JENNIE BODNAR	3.00									
TRUSTEE		X						0.	0.	0.
(8) KATHY BLACKWELL	3.00	.,								0
TRUSTEE	2 00	X						0.	0.	0.
(9) MARCY JOHNSEN	3.00	x						0.	0.	0.
TRUSTEE (10) DORA-FAYE HENDRICKS	3.00	^						0.	0.	0.
TRUSTEE	5.00	x						0.	0.	0.
(11) KERRY KORSGAARD	3.00							0.	••	
TRUSTEE		x						0.	0.	0.
(12) KEN WORKMAN	3.00									
TRUSTEE		x						0.	0.	0.
(13) JEFF MCCORD	40.00									
EXECUTIVE DIRECTOR		X						42,589.	0.	0.
		-								
		-								
	1									Form <b>990</b> (2019)

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Form 990 (2018)

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Par	t VII Section A. Of	fficers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name ar		(B) Average hours per week	box offic	not cl , unles cer an	ss per	tion more rson i	than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	an	(F) stimate nount other	of
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatie	e ion ed
				-											
				-											
										•					
1b	Sub-total									42,589.		0.			0.
С	Total from continu	ation sheets to Part VI	I, Section A							0. 42,589.		0.			0.
 2		and 1c)		· · · · · ·						eceived more than \$100	) 000 of reportabl	-			0.
2		the organization		1030	iiiiii	, a ai	0000	<i>.,</i> , , , , , , , , , , , , , , , , , ,	10 11						0
														Yes	No
3	•						•			highest compensated e			•		х
4										her compensation from			3		
		ations greater than \$150											4		Х
5	• •		-				-			ted organization or indiv			-		х
Sec	tion B. Independent		piele Schedul	eji	or st	icn p	Jers	:011 .					5		<u> </u>
1			mpensated ind	depe	ende	nt c	ontr	acto	ors t	that received more than	\$100,000 of com	pensa	ation f	rom	
	the organization. Re		the calendar y	ear	endi	ng w	/ith (	or w	ithir	n the organization's tax	year.				
		(A) Name and business	address	N	ONE	2				<b>(B)</b> Description of s	ervices	С	(C ompe	;) nsatio	n
									_						
2	Total number of ind	ependent contractors (i	ncluding but n	ot li	mite	d to	thos	se lis	stec	d above) who received n	nore than				
	\$100,000 of compe	nsation from the organi	zation 🕨				(	)					Form	990 c	2018)

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		0 (2018) SOUTHWEST SEATTLE	E HISTORICAL SO	CIETY	91-1297	010 Page <b>9</b>
Pa	rt V					
_		Check if Schedule O contains a response or note t		(B)	(C)	<u>L</u>
			(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a	11.0			
Gra			,419.			
fts, An		J	,195.			
, Gi		d Related organizations 11				
Sin		e Government grants (contributions) 1e				
utic		f All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 151,	,647.			
Otl			,411.			
Con		g Noncash contributions included in lines 1a-1f: \$4, h Total. Add lines 1a-1f				
<u> </u>			ess Code			
ė	2		2,042.	2,042.		
e rvic	_	b		-		
Se		c				
am eve		d				
Program Service Revenue		e				
Ā		f All other program service revenue				
		g Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and		238.		
		other similar amounts)		<u> </u>		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	ersonal			
	6	a Gross rents	ersonal			
		b Less: rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)				
			Other			
		assets other than inventory				
		b Less: cost or other basis				
		and sales expenses				
		c Gain or (loss)				
		d Net gain or (loss)	🕨			
anı	8	a Gross income from fundraising events (not				
ven		including \$ 7,195. of contributions reported on line 1c). See				
Other Revenue		Part IV, line 18 a 152,	160.			
ther		b Less: direct expenses b 100,	.812.			
ō		c Net income or (loss) from fundraising events	▶ 51,348.			51,348.
		a Gross income from gaming activities. See				-
		Part IV, line 19 a				
		b Less: direct expenses b				
		c Net income or (loss) from gaming activities	🕨			
	10	a Gross sales of inventory, less returns	<b>T</b> 00			
			,729.			
		J	572.	1 1 5 7		
		c Net income or (loss) from sales of inventory		1,157.		
	11	_	ess Code			
		c				
		d All other revenue				
		e Total. Add lines 11a-11d	►			
	12	Total revenue. See instructions		3,437.	0.	51,348.
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91-1297010 Page 10 SOUTHWEST SEATTLE HISTORICAL SOCIETY Form 990 (2018) 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 (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 28,596. 86,654. 26,863. 31,195. 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 7,242. 2,245. 2,607. 2,390. Payroll taxes 10 Fees for services (non-employees): 11 a Management b Legal 6,328. 6,328. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch 0.) 1,237. 1,237. Advertising and promotion 12 1,727. 1,192. 535. Office expenses 13 1,425. 1,425. 14 Information technology Royalties 15 8,421. 8,421. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 2,019. 2,019. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 3,539. 3,539. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 832010 12-31-18

24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

а

b

С

d

25

26

SUPPLIES

e All other expenses

MUSEUM PROGRAM EXPENSES

FUNDRAISING AND DEVELOP

COMMUNICATIONS & EQUIPM

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined

Form 990 (2018)

4,073.

36,887.

591.

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16,053.

2,736.

2,060.

60,511.

941.

1,229.

2,299.

52,034.

858.

16,053.

4,073.

3,965.

2,918.

3,831.

149,432.

SOUTHWEST	SEATTLE	HISTORICAL	SOCIETY

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			to ony line in this Dout	~			
		Check if Schedule O contains a response or not	e to any line in this Part	<u>^</u>			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			96,333.	1	168,373.
	2	Savings and temporary cash investments			11,530.	2	12,093.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted employees. Comple	te			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	ied persons (as defined	under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ts		employees' beneficiary organizations (see instr).	Complete Part II of Sch	L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			5,942.	8	5,942.
	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a 742, 10b	947.			
	b	Less: accumulated depreciation	10b	0.	742,947.	10c	742,947.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			157,046.	15	158,973.
	16	Total assets. Add lines 1 through 15 (must equa			1,013,798.	16	1,088,328.
	17	Accounts payable and accrued expenses	1,125.	17	41.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Se	22	Loans and other payables to current and former	officers, directors, trust	ees,			
Liabilities		key employees, highest compensated employee	s, and disqualified perso	ons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	I third parties			24	
	25	Other liabilities (including federal income tax, pay	ables to related third				
		parties, and other liabilities not included on lines	17-24). Complete Part >	( of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,125.	26	41.
		Organizations that follow SFAS 117 (ASC 958)	, check here 🕨 📖	and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets				27	
3al (	28	Temporarily restricted net assets				28	
lbr	29					29	
Fui		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨				
o		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		0.	30	0.	
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			1,012,673.	32	1,088,287.
Z	33	Total net assets or fund balances			1,012,673.	33	1,088,287.
	34	Total liabilities and net assets/fund balances			1,013,798.	34	1,088,328.
							Form <b>990</b> (2018)

Form 990 (2018) Part X Balance Sheet

Form	1990 (2018) SOUTHWEST SEATTLE HISTORICAL SOCIETY	91-	1297010	Pag	ge <b>12</b>				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>46</u> . 32.				
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3			14.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,01:	2,6	73.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	1,088	3 <u>,</u> 2	87.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>						
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 audited on a separat	e basis	,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•	dit						
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L				
			Form	aan	(2018)				

Form **990** (2018)

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1	(Form	990	or	990-	EZ
J		550	U.	550	

# 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.

OMB No. 1545-0047
2018
Open to Public

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the la							nformation.		Open to Public Inspection		
Nam	ie of t	he organizati	on						Employer	identification numb	e
					TLE HISTORIC					1-1297010	
Pa	rt I	Reason	for Public	Charity Status (	All organizations must co	omplete th	iis part.) Se	ee instruction	S.		
The	organ	ization is not a	a private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)				
1		A church, co	nvention of ch	urches, or association	on of churches describe	d in <b>sectic</b>	on 170(b)( <sup>-</sup>	1)(A)(i).			
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3		A hospital or	a cooperative	hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).			
4		A medical res	search organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,	
		city, and stat	e:								
5		An organizati	on operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	ite, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organizati	ion that norma	Illy receives a substa	antial part of its support	from a gov	rernmental	unit or from	the general	public described in	
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)							
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(	(ix) operate	ed in conju	unction with a	land-grant	college	
		or university	or a non-land-ç	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state c	of the colleg	je or	
		university:									
10	Х	An organizati	ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	oport from	contributi	ons, member	ship fees, a	and gross receipts fro	m
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of	its suppor	t from gross investme	'n
		income and u	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.	
		See section	509(a)(2). (Coi	mplete Part III.)							
11		An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or	
		more publicly	v supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in	
		lines 12a thro	ough 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, an	d 12g.		
а		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting	
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving	
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported	
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.						
С		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrat	ed with,	
		its support	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III no	n-functionally	y integrated. A supp	oorting organization oper	rated in co	nnection \	with its suppo	orted organ	ization(s)	
		that is not	functionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requiremer	nt (see instruct	ions). <b>You must cor</b>	nplete Part IV, Section	s A and D	, and Part	<b>V</b> .			
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III		
		functionally	/ integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.				
f	Ente	er the number	of supported of	organizations							
g	Prov	ide the follow	ing informatior	n about the supporte	ed organization(s).						
	(i	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your govern	anization listed ing document?	(v) Amount o	,	(vi) Amount of other	
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instruction	IS,
Tota											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

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#### 91-1297010 Page 2 Schedule A (Form 990 or 990-EZ) 2018 SOUTHWEST SEATTLE HISTORICAL SOCIETY Part II

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

fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					<b>&gt;</b>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (					14	%
	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	his box and <b>stop h</b>	<b>tere.</b> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	-	-		-		
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						;
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l		nd see instruction	

Schedule A (Form 990 or 990-EZ) 2018

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# Schedule A (Form 990 or 990-EZ) 2018 SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1297010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	olow, please comp					
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
	Gifts, grants, contributions, and						()
	membership fees received. (Do not						
	include any "unusual grants.")	71,269.	9,223.	6,958.	57,723.	118,198.	263,371.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,533.	7,267.	6,402.	4,391.	1,695.	26,288.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge	77,802.	16,490.	13,360.	62 111	119,893.	280 650
	Total. Add lines 1 through 5	11,002.	10,490.	15,500.	02,114.	119,095.	209,039.
7 a	Amounts included on lines 1, 2, and						0.
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						289,659.
	Public support. (Subtract line 7c from line 6.)						205,055.
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	77,802.	16,490.	13,360.	62,114.	119,893.	(f) Total 289,659.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	6.		2.	3.	238.	
	and income from similar sources	0.		۷.	з.	230.	249.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					0.2.0	0.4.0
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	6.		2.	3.	238.	249.
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)		16 400	10.000		100 101	000 000
	Total support. (Add lines 9, 10c, 11, and 12.)	77,808.	16,490.	-	-	120,131.	289,908.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	ction C. Computation of Publ						00 01
	Public support percentage for 2018 (I					15	99.91 % 99.99 %
16	Public support percentage from 2017					16	99.99 <u>%</u>
	ction D. Computation of Inves		•	10 1 (0)		47	.09 %
17	Investment income percentage for <b>20</b>					17	
18	Investment income percentage from 2					18	,-
19a	<b>33 1/3% support tests - 2018.</b> If the	-					N V
	more than 33 1/3%, check this box at						
b	<b>33 1/3% support tests - 2017.</b> If the	-					
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	п ий пот спеск а	box on line 14, 19	a, or 190, check tr			
03207	832023 10-11-18 Schedule A (Form 990 or 990-EZ) 2018						

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# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

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## Schedule A (Form 990 or 990 EZ) 2018 SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1297010 Page 5

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions	<u>،</u>		
' a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	truction	2)	
2	Activities Test. Answer (a) and (b) below.	in denom	Yes	No
ے a			163	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	20		
h		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
-	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form S	<del>)</del> 90 or 99	30-EZ)	2018 /

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Schedule A (Form 990 or 990-EZ) 2018

# Schedule A (Form 990 or 990-EZ) 2018 SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1297010 Page 6

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting ord	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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# Schedule A (Form 990 or 990 EZ) 2018 SOUTHWEST SEATTLE HISTORICAL SOCIETY 91

Fai	Type III Non-Functionally Integrated 509	(a)(s) supporting Orga	anizations (continued)	I
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
-				

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 99	0-EZ) 2018	SOUTHWES	T SEATTLE	HISTORICAL	SOCIETY	91-1297010 Page
Part VI	Part IV, Section line 1; Part IV, 3 Section D, lines	n A, lines 1, Section D, li s 5, 6, and 8	2, 3b, 3c, 4b, 4c, nes 2 and 3; Part	5a, 6, 9a, 9b, 9c, IV, Section E, line	11a, 11b, and 11c; Pa	rt IV, Section B, line b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V, itional information.
	(See instruction	ns.)					
332028 10-11-	18					Scheo	dule A (Form 990 or 990-EZ) 20
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	120020		00T 7	10TO 00000	, 200111ME21	CRUTTUR U	IDIONICA JJZJIZ

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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.



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

15161113 728626 332312-001

SOUTHWEST SEATTLE HISTORICAL SOCIETY

Employer identification number 91-1297010

Pai	TI Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		or Other Similar Fund	as or A	ccoun	Its.Complete if the
			onor advised funds	(	<b>b)</b> Funds	s 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 t	he assets held in donor adv	vised fun	lds	
	are the organization's property, subject to the organization's	exclusive le	gal control?			Yes 📖 No
6	Did the organization inform all grantees, donors, and donor a	advisors in w	riting that grant funds can b	be used o	only	
	for charitable purposes and not for the benefit of the donor of	or donor advi	sor, or for any other purpos	se confer	ring	
	impermissible private benefit?					🗌 Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the org	ganization ar	swered "Yes" on Form 990			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of a hi			
	Protection of natural habitat		Preservation of a ce	ertified hi	storic st	ructure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conserva	ation contribution in the for	m of a co	pnservati	on easement on the last
	day of the tax year.				H	leld at the End of the Tax Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
с	Number of conservation easements on a certified historic str	ructure inclue	ded in (a)		2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06	3, and not on a historic strue	cture		
	listed in the National Register				2d	
3	Number of conservation easements modified, transferred, re	eleased, extin	guished, or terminated by t	the orgar	nization o	Juring the tax
	year					
4	Number of states where property subject to conservation ea	sement is lo	cated	_		
5	Does the organization have a written policy regarding the pe	riodic monito	oring, inspection, handling o	of		
	violations, and enforcement of the conservation easements i	it holds?				🖸 Yes 🛛 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violat	ions, and enforcing conser	vation ea	asements	s during the year
	▶\$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	e requirements of section 17	70(h)(4)(E	3)(i)	
	and section 170(h)(4)(B)(ii)?					🗆 Yes 🛛 No
9	In Part XIII, describe how the organization reports conservat	ion easemen	ts in its revenue and expen	se stater	ment, an	d balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financi	al statements that describe	es the org	ganizatio	n's accounting for
	conservation easements.					
Pa	t III Organizations Maintaining Collections o	of Art, Hist	orical Treasures, or	Other	Simila	r Assets.
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not	to report in its revenue stat	ement a	nd balan	ce sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, edu	cation, or research in furthe	erance of	public s	ervice, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these ite	ems.			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to re	eport in its revenue stateme	ent and b	alance s	heet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or	research in furtherance of p	oublic se	rvice, pro	ovide 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 tre	easures, or of	her similar assets for financ	cial gain,	provide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958	3) relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1				. 🕨 \$	
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction					chedule D (Form 990) 201
	1 10-29-18					
			21			

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		ST SEATTLE				91-12			<u>e 2</u>
Pai	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a s	significant	use of its	collectior	items	
	(check all that apply):								
а	X Public exhibition	d		nange programs					
b	Scholarly research	е	U Other						
c	X Preservation for future generations								
4	Provide a description of the organization's co					ose in Par	t XIII.		
5	During the year, did the organization solicit o						7	v.	
Do	to be sold to raise funds rather than to be ma						Yes	X	NO
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" of	n Form 99	U, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custod		lion for contribution	o or other eccets no	tipoludod				
Id							Yes	X	No
h	on Form 990, Part X?					····· └──	162		NU
b		and complete the for	nowing table.			[	Amount		
<u>د</u>	Beginning balance				1c		Amount		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •				
Pa									
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years ba	ıck
1a	Beginning of year balance	11,511.	11,511.	11,511.		11,511.		11,5	11.
	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	11,511.	11,511.	11,511.		11,511.		11,5	11.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organi	zation	г		
	by:								No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)	· ·	X
	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the	0	wment funds.						
Pa	<b>t VI</b> Land, Buildings, and Equipm				( line 10				
	Complete if the organization answere	1	<u>, , , , , , , , , , , , , , , , , , , </u>		,		( )) [ ]		
	Description of property	(a) Cost or ot basis (investm			Accumulate epreciation		(d) Book	value	
1-	Land				preclation	<u> </u>			
	Land		933				733	3,93	3.
	Buildings Leasehold improvements					<u> </u>	, , , , ,	.,	
	Equipment		014.					9,01	$\frac{1}{4}$
	Other					<u> </u>		,	
	Add lines 1a through 1e. (Column (d) must e		X. column (R) line 1	0c.)			742	2,94	7.
			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7					

Schedule D (Form 990) 2018

832052 10-29-18

Part VI	Investments - Other Securities.			•
(a) Descri	Complete if the organization answered "Yes" ( iption of security or category (including name of security)	on Form 990, Part IV, II (b) Book value	(c) Method of valuation: Cos	
. ,				tor the orycar market value
	y-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) must sough Form 000 Dart V, sol. (D) line 10.)			
	(b) must equal Form 990, Part X, col. (B) line 12.) ► II Investments - Program Related.			
I art vi	Complete if the organization answered "Yes"	on Form 990 Part IV li	no 11c Soo Form 990 Part V line 1	3
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
(1)		()		, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.		1	
Faitix	Complete if the organization answered "Yes"	on Form 990 Part IV li	no 11d Soo Form 990 Part X line 1	5
	-	Description	ne 110. See 1 onn 390, Part A, inte 1	5. (b) Book value
(1) C	OLLECTIONS, ARTIFACTS &			22,818.
	ROGRAM MATERIALS			134,228.
	REDIT CARD OVERPAYMENT			1,927.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				150.072
	lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)		158,973
Part X	J	an Farm 000 Dart IV li	ng 11g av 11f Sag Farm 000 Davit V	line OF
4	Complete if the organization answered "Yes" ( (a) Description of liability	5 Part IV, II	(b) Book value	, inte 25.
<u>1.</u> (1) Fe	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) line			
	y for uncertain tax positions. In Part XIII, provide		-	
organi	zation's liability for uncertain tax positions under	FIN 48 (ASC 740). Che	eck here if the text of the footnote ha	
				Schedule D (Form 990) 2018

SOUTHWEST SEATTLE HISTORICAL SOCIETY

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Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 SOUTHWEST SEATTLE HISTORICAL SOCIETY	91-1297010 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities 2b	
с	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII.) 2d	
е	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.) 4b	
с	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities2a	
b	Prior year adjustments2b	
С	Other losses 2c	
d	Other (Describe in Part XIII.) 2d	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
с	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Pa	t XIII Supplemental Information.	

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

# PART III, LINE 4:

# COLLECTION OF HISTORICAL TREASURES ARE MADE UP OF EARLY PERIOD PIECES FROM

THE WEST SEATTLE AREA.

832054 10-29-18

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	or if the	2018						
	0	rganization entered more than \$ <ul> <li>Attach to Form 99</li> </ul>						Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for inst				ion.		Inspection
Name of the organization		ST SEATTLE HISTOR	ICAL	SC	CIETY		Employer ide 91-1297	ntification number 010
	complete this part	Complete if the organization answ	vered "\	es" o	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa ) highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with riduals or entities (fundraisers) pure	ation of ation of al fundra al (inclu profess	non-g gover aising ding c	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	fund have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrit	oution	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form	990 oi	· 990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1297010 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	ross income on Form 990	0-EZ, lines 1 and 6b. List e	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2 SUB POP	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA LUNCH (event type)	MUSIC FESTIV (event type)	(total number)	col. <b>(c)</b> )
nue				(event type)	(total humber)	
Revenue	1	Gross receipts	67,785.	91,570.		159,355.
	2	Less: Contributions	7,195.			7,195.
	3	Gross income (line 1 minus line 2)	60,590.	91,570.		152,160.
	4	Cash prizes				
ş	5	Noncash prizes	1,000.			1,000.
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	6,912.	32,399.		39,311.
Ō	8	Entertainment	1,500.	7,454.		8,954.
	9	Other direct expenses		44,796.		8,954. 51,547.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	100,812.
		Net income summary. Subtract line 10 from				51,348.
Ра	art	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$13,000 off Form 990-EZ, lifte 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
leve						
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	No.	N <sub>1</sub>	<b>N</b> 0/	
	6	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9	En	tor the state(s) is which the examization cond	uoto gaming activition:			
		ter the state(s) in which the organization cond the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses r 'Yes," explain:			year?	L Yes No
8320	82 1	0-03-18			Schedule G (Fo	orm 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1	297010	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	└── No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
h	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
~	of gaming revenue retained by the third party $\triangleright$ \$		
	If "Yes," enter name and address of the third party:		
Ū	The res, entername and address of the third party.		
	Name		
	Address		
16	Gaming manager information:		
10			
	Name		
	Gaming manager compensation <b>&gt;</b> \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	Ves	
h	retain the state gaming license? 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 <b>&gt;</b> \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	art III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	, ,
8320	33 10-03-18 Schedule G (Forr	n 990 or 990	-EZ) 2018
	27		,

Schedule G (Form 990 or 990-EZ) SOUTH	WEST SEATTLE	HISTORICAL	SOCIETY	91-1297010	Page 4
	ontinueu)				
				Schedule G (Form 990 or	990-EZ)
832084 04-01-18		28			
161113 728626 332312-001	2018.05000	SOUTHWEST	SEATTLE	HISTORICA 3323	12-1

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ

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

OMB No 1545-0047 8 **Open to Public** Inspection Employer identification number

91-1297010

SOUTHWEST SEATTLE HISTORICAL SOCIETY

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

THROUGH EDUCATION, PRESERVATION AND ADVOCACY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FORUM'S QUARTERLY EVENTS.

FORM 990, PART VI, SECTION A, LINE 7B:

OUR MEMBERSHIP HAS AN ANNUAL MEETING AT WHICH SUCH VOTES TAKE PLACE.

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

THE TREASURER CIRCULATES THE COMPLETED FORM 990 TO THE BOARD FOR REVIEW VIA

EMAIL PRIOR TO SUBMISSION.

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

ANNUAL REVIEW OF VENDOR PAYMENT AND AFFILIATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

WE POST OUR ANNUALLY SUBMITTED 990 FORM ON OUR WEBSITE. WE ALSO REPORT OUR

FINANCIAL STATUS AND OTHER MAJOR POLICY DEVELOPMENTS EACH NOVEMBER AT OUR

ANNUAL MEMBERSHIP MEETING, TO WHICH THE PUBLIC IS INVITED TO ATTEND.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

2018.05000 SOUTHWEST SEATTLE HISTORICA 332312-1 15161113 728626 332312-001

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EXTENDED	то	NOVEMBER	15,	2018
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Form **8868** 

### (Rev. January 2019)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

### File a separate application for each return.

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

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

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

				Enter file	er's identifyiı	ng number
Type or print	Name of exempt organization or other filer, see instru	Employer identification number (EIN)				
print	BOUTHWEST SEATTLE HISTORICAL SOCIETY					97010
File by the due date for filing your return. See       Number, street, and room or suite no. If a P.O. box, see instructions.       Social security         3003       61ST       AVE •       S • W •					curity numbe	er (SSN)
instruction:		oreign add	Iress, see instructions.			
Enter the	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) M • HUMPHREYS	06	Form 8870			12
• If this box 1 I r th	organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the org . X calendar year 2018 or . tax year beginning the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta NOVEI ganization's	emption Number (GEN), I ich a list with the names and EINs o MBER 15, 2019 , to file s return for: d ending	f this is fo f all memb	r the whole g ers the exter npt organizati 	ision is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	), or 6069,	enter the tentative tax, less	3a	\$	0.
es	this application is for Forms 990-PF, 990-T, 4720, or 606s timated tax payments made. Include any prior year over	payment a	llowed as a credit.	Зb	\$	0.
cBalance due.Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.3c3c\$						0.
Caution instructi	: If you are going to make an electronic funds withdrawa ons.	l (direct de	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8879	9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	868 (Rev. 1-2019)

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