



November 13, 2022

Southwest Seattle Historical Society 3003 61st Ave SW Seattle, WA 98116 Attention: John Sweetland, Treasurer

Dear John:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

A copy of the return is uploaded to your Hunt Jackson secure Client Portal at <a href="https://huntjacksoncpa.smartvault.com/">https://huntjacksoncpa.smartvault.com/</a>. You should download or print a copy for your permanent files

Please review the return for completeness and accuracy.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions conerning the tax return.

Sincerely,

David Pagryzinski Certified Public Accountant, Enrolled Agent

## Form 8879-TF

## IRS e-file Signature Authorization for a Tax Exempt Entity

calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1297010

JOHN SWEETLAND Name and title of officer or person subject to tax TREASURER

#### Type of Return and Return Information Part I

For

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I

i iai i Oi	ic inic in rait i.		
1a	Form 990 check here > X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	ть <u>146,668</u> .
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	. 4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Jnder	penalties of perjury, I declare that X	I am an officer of the above entity or I am a person subject to tax with re	espect to (name
of entit	ry)	, (EIN) and that I ha	ve examined a copy of the
001 0	loctronic roturn and accompanying sch	adulas and statements, and to the best of my knowledge and belief they are to	rue correct and

2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

X I authorize 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 tax year 2021 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 also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

anature of officer or person subject to tax 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 2021 electronically filed return 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 ▶ HUNT JACKSON, PLLC

Date  $\triangleright$  \_11/13/22

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit 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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1297010 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 3003 61ST AVE SW return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SEATTLE, WA 98116 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) JOHN SWEETLAND SEATTLE, WA 98116 The books are in the care of ► 3003 61ST AVE SW Telephone No.  $\triangleright$  (206) 350-0999 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 💮 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or \_\_\_ tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

## EXTENDED TO NOVEMBER 15, 2022

Form **990** 

**Return of Organization Exempt From Income Tax** 

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

2021 Open to Public

OMB No. 1545-0047

ent of the Treasury
Revenue Service

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

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

Open to F

Department of the Treasury Internal Revenue Service

Common of organization   SOUTHWEST SEATTLE HISTORICAL SOCIETY	ΑF	or th	e 2021 calendar year, or tax year beginning and e	ending		
Doing business as 30 30 3 6 1ST AVE SW  SEATTLE, WA 98116  Frame and address of principal officer: JOHN SWEETLAND  SAME AS C ABOVE  Frame and address of principal officer: JOHN SWEETLAND  June and address of principal officer: JOHN SWEETLAND  SAME AS C ABOVE  Frame and address of principal officer: JOHN SWEETLAND  June and J			C Name of organization		D Employer identific	cation number
Doing Dusiness as   Number and street (or P.0. box if mail is not delivered to street address)   Room/suite   E Telephone number   (206) 350-099		Addr	SOUTHWEST SEATTLE HISTORICAL SOCIETY			
Number and street (of P.D. 0x x imal is not delivered to street address)   Hoomisuite   Elephone number   (206) 350-0999		chan	ge Doing business as		91-12970	10
City or town, state or province, country, and zIP or foreign postal code   High is this a group return   Yes   X   No   SAME   AS C   ABOVE   No   SAME   ABOVE   NO		returi	Number and street (or P.U. box it mail is not delivered to street address)	Room/suite		
SEATTLE   WA 98116		Jreturı				
Name and address of principal officer. JOHN SWEETLAND   SAME AS C ABOVE   Tax-exempts status. X   Solito   (1)(3)   501(c)   (1)(3)   (1)(3)   501(c)   (1)(3)   (1		∏Amer	nded CEAMMIE WA 00116			
SAME AS C ABOVE   Tax-exempt status:   X 501(c)(3)   501(c)     (insert no.)   4947(a)(1) or   527     H(b) Are all author/oranse regiseer   Ves   No   17 Avexempt status:   X 501(c)(3)   501(c)       (insert no.)   4947(a)(1) or   527     H(b) Are all author/oranse regiseer   No   17 Avexempt status:   X 501(c)(3)   501(c)		ilaaAF				
Website:     WWW.LOGHOUSEMUSEUM.ORG		pend				
Repart   Summary   Association   Other   L Year of formation: 1984   M State of legal domicile; WA	IT	ax-ex	sempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions
Briefly describe the organization's mission or most significant activities: TO MAINTAIN RECORDS OF SOUTHWEST  SEATTLE HISTORY AND TO PROMOTE HERTTAGE IN THE LOCAL COMMUNITY  Check this box						
Briefly describe the organization's mission or most significant activities: TO MAINTAIN RECORDS OF SOUTHWEST SEATTLE HISTORY AND TO PROMOTE HERITAGE IN THE LOCAL COMMUNITY  2 Check this box				L Year	of formation: $1984$ $ m  extsf{ iny N}$	M State of legal domicile: WA
SEATTLE HISTORY AND TO PROMOTE HERITAGE IN THE LOCAL COMMUNITY  Check this box	Pa	rt I				
S   Total number of individuals employed in calendar year 2021 (Part V, line 2a)   5	بو	1	Briefly describe the organization's mission or most significant activities: TO MA	INTAL	N RECORDS OF	F SOUTHWEST
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 b Net unrelated business taxable income from Form 990-T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 1 145,873. 133,044. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VII, column (A), line 12) 13 Grants and similiar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Notal assets or fund balances. Subtract line 21 from line 20 24 Notal assets or fund balances. Subtract line 21 from line 20 25 Notal assets or fund balances. Subtract line 21 from line 20 26 Notal assets or fund balances. Subtract line 21 from line 20 27 Notal assets or fund balances. Subtract line 21 from line 20 28 Notal assets or fund balances. Subtract line 21 from line 20 29 Notal assets or fund balances. Subtract line 21 from line 20 30 Notal assets (Part X, line 26) 30 Notal assets (Part X, line 26) 31 Notal expenses and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	auc					
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 b Net unrelated business taxable income from Form 990-T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 1 145,873. 133,044. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VII, column (A), line 12) 13 Grants and similiar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Notal assets or fund balances. Subtract line 21 from line 20 24 Notal assets or fund balances. Subtract line 21 from line 20 25 Notal assets or fund balances. Subtract line 21 from line 20 26 Notal assets or fund balances. Subtract line 21 from line 20 27 Notal assets or fund balances. Subtract line 21 from line 20 28 Notal assets or fund balances. Subtract line 21 from line 20 29 Notal assets or fund balances. Subtract line 21 from line 20 30 Notal assets (Part X, line 26) 30 Notal assets (Part X, line 26) 31 Notal expenses and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ern					
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B Net unrelated business taxable income from 990-T, Part I, line 11		-				
B Net unrelated business taxable income from 990-T, Part I, line 11	ties					
B Net unrelated business taxable income from 990-T, Part I, line 11	Ę	_				
8   Contributions and grants (Part VIII, line 1h)   145,873. 133,044.     9   Program service revenue (Part VIII, line 2g)   1,338. 1,663.     10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)   21. 83.     10   Cher revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   27,003. 11,878.     12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13)   0. 0. 0.     13   Grants and similar amounts paid (Part IX, column (A), lines 13)   0. 0. 0.     14   Benefits paid to or for members (Part IX, column (A), lines 13)   0. 0. 0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   137,189.   131,446.     16a   Professional fundraising fees (Part IX, column (A), line 11e)   0. 0.     17   Other expenses (Part IX, column (A), line 11e)   0. 0.     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   46,151.     19   Revenue less expenses. Subtract line 18 from line 12   -3,41018,165.     19   Revenue less expenses. Subtract line 18 from line 12   -3,41018,165.     19   Revenue less expenses. Subtract line 18 from line 12   -3,41018,165.     19   Revenue less expenses. Subtract line 21 from line 20   1,031,572.   1,041,759.     19   Part II   Signature Block   Signature Block   Signature of officer   Date   Signature of officer   Date   Signature of officer   Date   Signature of officer   Date   Signature of officer	¥					
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e, line 13e) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances. Subtract line 21 from line 20 11 Total liabilities (Part X, line 26) 11 Signature Block 11 Signature Block 12 JOHN SWEETLAND, TREASURER						
9 Program service revenue (Part VIII, Isine 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		8	Contributions and grants (Part VIII, line 1h)	145,873.		
11 Other revenue (Part VIII, Column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Fart II Signature Block  Sign  Here  3 JOHN SWEETLAND, TREASURER	ă	9	_		1,338.	1,663.
11 Other revenue (Part VIII, Column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Fart II Signature Block  Sign  Here  3 JOHN SWEETLAND, TREASURER	e	10			21.	83.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  11 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signa Here  10 O.  137, 189.  131, 446.  0.  0.  146, 151.  15 Add, 456.  33, 387.  177, 645.  164, 833.  177, 645.  164, 833.  177, 645.  164, 833.  177, 645.  164, 833.  177, 645.  164, 833.  177, 645.  164, 833.  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Pa	œ	11				11,878.
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  JOHN SWEETLAND, TREASURER		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		174,235.	146,668.
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  137,189.  131,446.  0.  0.  0.  0.  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  11 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  11 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  JOHN SWEETLAND, TREASURER		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		14				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  JOHN SWEETLAND, TREASURER	န					
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  JOHN SWEETLAND, TREASURER	ă				40 456	22 207
19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  JOHN SWEETLAND, TREASURER	"					
Beginning of Current Year End of Year  Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  The part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JOHN SWEETLAND, TREASURER						
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JOHN SWEETLAND, TREASURER	Asse Bal	21				
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JOHN SWEETLAND, TREASURER				<u>l</u>	,	, ,
Sign Here JOHN SWEETLAND, TREASURER  Date	Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is
Here JOHN SWEETLAND, TREASURER	true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
Here JOHN SWEETLAND, TREASURER						
	Sigr	1	'		Date	
Type of brint name and time	Here	Э	·			
Date DIM				Ιr	Data Charle C	DTIN
Trinit type preparet 3 name   Trioparet 3 signature	Da!d				: -	
Paid DAVID PAGRYZINSKI DAVID PAGRYZINSKI 11/13/22 self-employed P00221885  Preparer Firm's name ► HUNT JACKSON, PLLC Firm's EIN ► 91-1744210				<u>.                                    </u>		
Preparer Firm's name ► HUNT JACKSON, PLLC Firm's address ► 4123 CALIFORNIA AVE SW, SUITE 101	-			1	FITTI S EIN	<u> </u>
SEATTLE, WA 98116  Phone no. (206) 932-1314	USG	Jilly		_	Phone no (2	06) 932-1314
May the IRS discuss this return with the preparer shown above? See instructions X Yes No	Mav	the	•		T Holle Ho. ( 2	

Pai	t III	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1		y describe the organization's mission: PROMOTE LOCAL HERITAGE THROUGH EDUCATION, PRESERVATION, AND
	ADV	OCACY.
2	Did th	ne organization undertake any significant program services during the year which were not listed on the
_		Form 990 or 990-EZ? Yes X No
		s," describe these new services on Schedule O.
3		ne organization cease conducting, or make significant changes in how it conducts, any program services?
4	Desci	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
		on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4 -		ue, if any, for each program service reported.  (Expenses \$ 16,818. including grants of \$ ) (Revenue \$ 911.)
4a	HIS	)(Expenses \$16,818. including grants of \$) (Revenue \$911.)  CHISTORICAL SOCIETY HOSTED ITS ANNUAL 'IF THESE WALLS COULD TALK"  STORIC HOME TOUR. 100 ATTENDEES PARTICIPATED IN THIS DIGITAL TOUR  PERIENCE, WHICH ENABLED THE PUBLIC TO EXPLORE A HISTORIC HOME IN OUR
		VICE AREA WHILE LEARNING FROM INTERPRETIVE CONTENT ABOUT THE HOUSE
		LED FROM OUR HISTORIC COLLECTION. A PANEL CONVERSATION FEATURING
		TERAL LOCAL HISTORIANS WAS MODERATED BY THE HISTORICAL SOCIETY'S
		ATOR, WHICH PROVIDED A MORE IN DEPTH OVERVIEW OF THE HISTORY OF THE
		E AND ITS SIGNIFICANCE TO THE COMMUNITY.
4b		) (Expenses \$16,818. including grants of \$) (Revenue \$
		HOMEFRONT. WAR ON THE HOMEFRONT UTILIZED ORAL HISTORIES COLLECTED
		THE HISTORICAL SOCIETY TO EXPLORE WHAT IT WAS LIKE TO BE A HIGH
		OOL STUDENT IN WEST SEATTLE DURING WORLD WAR II. THIS DIGITAL IBIT WAS ENJOYED BY MORE THAN 1,000 INDIVIDUALS THROUGHOUT THE YEAR.
4c	(Code:	) (Expenses \$ 16,817. including grants of \$ ) (Revenue \$ 911.)
		HISTORICAL SOCIETY HOSTED ITS ANNUAL SPEAKER SERIES "WORDS,
		TERS, AND SOUTHWEST STORIES," WHICH FEATURED TWELVE GUEST SPEAKERS
		CUSSING A RANGE OF HISTORICALLY SIGNIFICANT TOPICS. HELD ON THE
	SEC	OND THURSDAY EVENING OF EVERY MONTH, THIS FREE MONTHLY SERIES WAS
	ATT	ENDED BY MORE THAN 600 INDIVIDUALS THROUGHOUT THE COURSE OF THE
	YEA	R. SPEAKERS PRESENT ON TOPICS THAT RELATE TO THE HISTORY OF WEST
	SEA	TTLE.
4d		r program services (Describe on Schedule O.)
	(Expens	50.450
4e	ıotal	program service expenses ► 50,453.  Form 990 (2021)
		Form <b>950</b> (2021)

## Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
8			Х	
_	Schedule D, Part III	8	Λ	
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?			\ <b>.</b> ,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Letter and the state of the sta	13		X
14a	Biddle and indian acidatic and first and the state of the United Otate O	14a		X
		144		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b>.</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Pa	rt 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				
	Schedule K. If "No," go to line 25a	24a		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l	
	"Yes," complete Schedule L, Part IV	28a		X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3,7	
	"Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩	
0.4	contributions? If "Yes," complete Schedule M	30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┝≏	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1 00		x	
22	Schedule N, Part II	32		<del>  ^</del>	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<del>  ^</del>	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X	
35.5	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del>                                     </del>	
b	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?	000			
00	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	00		⇈	
٥.	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 on Schedule O for Part VI, lines 11b and 19?	<u> </u>		ऻ	
		38	х		
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance				
	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	3			
		_			
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3				

132004 12-09-21

Form **990** (2021)

(gambling) winnings to prize winners?

Form 990 (2021) SOUTHWEST SEATTLE HISTORICAL SOCIETY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 4									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b										
	<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х						
h	If "Yes," enter the name of the foreign country									
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X						
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30								
6a		6a		Х						
<b>L</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		- 21						
b		Ch								
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_		v						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		37						
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9										
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
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									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		Х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1,0	v	
40	on Schedule O how this was done	12c	X	Х
13	Did the organization have a written whistleblower policy?	13	v	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.		- V
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Α
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		160		х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availal	ble
.5	for public inspection. Indicate how you made these available. Check all that apply.	o orny)	avandi	010
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
19	statements available to the public during the tax year.	u mian	Jiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	JOHN SWEETLAND - (206) 350-0999			
	3003 61ST AVE SW, SEATTLE, WA 98116			
	•			

Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A) Name and title	(B) Average hours per	box	Positio (do not check mor box, unless persor officer and a direct				n an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated subjoyee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MICHAEL KING EXECUTIVE DIRECTOR	40.00	.,						62,000	_	0
(2) KATHY BLACKWELL	6.00	Х						63,098.	0.	0.
PRESIDENT	0.00	Х		Х				0.	0.	0.
(3) NANCY SORENSON	6.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(4) JOHN SWEETLAND TREASURER	6.00	X		x				0.	0.	0.
(5) MIKE SHAUGHNESSY TRUSTEE	3.00	X		7				0.	0.	0.
(6) KERRY KORSGAARD	3.00			V						
TRUSTEE (7) JOHN BENNET	3.00	X						0.	0.	0.
TRUSTEE (8) PHIL FRICK	3.00	X						0.	0.	0.
TRUSTEE		Х						0.	0.	0.
(9) ELIZABETH RUDRUD TRUSTEE	3.00	х						0.	0.	0.
(10) MEGAN SIMKUS TRUSTEE	3.00	X						0.	0.	0.
		-								
										- 000 (accat)

Form 990 (2021)

(A) Name and title	(B) Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						n an	(D)  Reportable compensation	(E) Reportable compensation		ed of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	org ar	other npensa rom th ganizat id relat anizati	e ion ed
								4				
						A						
th O blood								63,098.	0.	-		0.
1b Subtotal c Total from continuation sheets to Part VI								03,098.	0.			0.
d Total (add lines 1b and 1c)			<u></u>				<u> </u>	63,098.	0 .	,		0.
<ul><li>Total number of individuals (including but n</li><li>compensation from the organization</li></ul>	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			0
O Diel the aureniestics list on forman officer	dina atau turk		1				اد : دا	h t	I		Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s				~						3		Х
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization			v
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>										4		X
rendered to the organization? If "Yes," con										5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	5100.000 of compens	ation fr	om	
the organization. Report compensation for												
(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	services	Compe	<b>C)</b> ensatio	n
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	d to t	thos		ted	above) who received mo	ore than			
	•									Form	<b>990</b> (	2021)

Form 990 (2021) SOUTHWE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			, <b>,</b>	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
nts		Federated campaigns 1a	11 040				
ira ou		Membership dues1b	11,942.				
s, ( Am		Fundraising events 1c	29,508.				
aif	(	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	•	Government grants (contributions)	17,300.			A	
ion	f	All other contributions, gifts, grants, and					
bd		similar amounts not included above 1f	74,294.				
ΞÓ	ç	Noncash contributions included in lines 1a-1f	3,123.				
Sol	ŀ	Total. Add lines 1a-1f	<b></b>	133,044.			
			Business Code				
Φ.	2 :	MUSEUM PROGRAM	611710	1,663.	1,663.	7	
Š	Z t		<u> </u>		-/		
Ser							
m S							
gra Re	(						
Program Service Revenue							
_		All other program service revenue		1 663			
		Total. Add lines 2a-2f		1,663.			
	3	Investment income (including dividends, intere		0.3	0.2		
		other similar amounts)		83.	83.		
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	C	Rental income or (loss)					
	C	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	k	Less: cost or other basis					
ne		and sales expenses <b>7b</b>					
/en	c	Gain or (loss) 7c					
Re	c	Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
₽		including \$ 29,508. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	12,378.				
	k	Less: direct expenses 8b	1,487.				
		Net income or (loss) from fundraising events		10,891.			10,891.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b>&gt;</b>				
		Gross sales of inventory, less returns	,				
		and allowances10a	889.				
	k	Less: cost of goods sold					
		Net income or (loss) from sales of inventory	<b>&gt;</b>	859.	859.		
		, ,	Business Code				
Miscellaneous Revenue	11 a	MISC INCOME	611710	128.	128.		
ine Due	k						
ella							
SS R	Ċ	All other revenue					
Σ	•	Total. Add lines 11a-11d		128.			
	12	Total revenue. See instructions		146,668.	2,733.	0.	10,891.

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**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 116,010. 35,963. 41,764. 38,283. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 15,436. 4,785. 5,557. 5,094. 10 Payroll taxes Fees for services (nonemployees): Management Legal 7,805. 7,805 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 48. 15. 33. Office expenses 13 Information technology 14 15 Royalties 2,014. 2,014. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 Depreciation, depletion, and amortization 22 2,552. 2,552. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 8,570. 8,570. OTHER GENERAL ADMIN COMMUNICATIONS & EQUIPM 5,104. 3,522. 1,582. 3,776. 3,776. MUSEUM PROGRAM EXPENSES 1,893. FUNDRAISING AND DEVELOP 1,893. 1,625. 360. 384. 881. All other expenses 164,833. 50,453. 68,229. 46,151. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			124,697.	1	64,885.
	2	Savings and temporary cash investments	11,525.	2	66,895.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	etion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			5,942.	8	6,171.
Ą	9	Donate Salar and the salar				9	
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	748,701.			
	b	Less: accumulated depreciation	10b	0.	748,701.	10c	748,701.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11 🔝			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			158,080.	15	158,191.
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	1,048,945.	16	1,044,843.
	17	Accounts payable and accrued expenses			73.	17	159.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
ij		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	2 225
	24	Unsecured notes and loans payable to unrela				24	2,925.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24	). Complete Part X	17 200		
				<i>y</i>	17,300.		0.
	26	Total liabilities. Add lines 17 through 25	<u></u>		17,373.	26	3,084.
s		Organizations that follow FASB ASC 958, c	heck he	e ▶			
ce		and complete lines 27, 28, 32, and 33.					
alar	27			·····		27	
B	28	Net assets with donor restrictions				28	
Ĭ.		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🛕			
or F		and complete lines 29 through 33.			0		0
ţ	29	Capital stock or trust principal, or current fund				29	0.
sse	30	Paid-in or capital surplus, or land, building, or				30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,031,572.	31	1,041,759.
Š	32				1,031,572.	32	1,041,759.
	33	Total liabilities and net assets/fund balances			1,048,945.	33	1,044,843.

Form **990** (2021)

2

3

4

5

6

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10

Part All Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate 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 audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
			aan	(000

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1297010 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

1 Gifts, grants, co	I year beginning in)	(a) 2017	<b>(b)</b> 2018	(-) 2010	/ I) 0000		
, •			(6) 2010	(c) 2019	(d) 2020	(e) 2021	(f) Total
membership fee	ntributions, and						
	es received. (Do not						
include any "un	usual grants.")						
2 Tax revenues le	vied for the organ-						
ization's benefit	and either paid to						
or expended on	its behalf						
3 The value of ser	vices or facilities						
furnished by a g	overnmental unit to						
the organization	without charge						
4 Total. Add lines	1 through 3						
5 The portion of t	otal contributions					7	
by each person							
governmental u							
-	nization) included						
	ceeds 2% of the						
amount shown	on line 11,						
column (f)							
6 Public support	Subtract line 5 from line 4.						
Section B. Tota						'	
Calendar year (or fisca	l year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from I	ine 4						
8 Gross income fi	om interest,						
dividends, payn	nents received on						
	, rents, royalties,						
	n similar sources						
9 Net income from	n unrelated business						
activities, wheth	ner or not the						
business is regu							
10 Other income. [	•						
or loss from the		4					
assets (Explain	in Part VI.)						
11 Total support.	Add lines 7 through 10						
12 Gross receipts	rom related activities, e	tc. (see instruction	ons)		•	12	
	the Form 990 is for the			fourth, or fifth tax	year as a section 5	601(c)(3)	
	eck this box and stop						
	putation of Public						
14 Public support	percentage for 2021 (lin	e 6, column (f), d	ivided by line 11, o	column (f))		14	%
15 Public support	percentage from 2020 S	Schedule A, Part	II, line 14			15	%
	rt test - 2021. If the or					ore, check this bo	x and
stop here. The	organization qualifies a	s a publicly supp	orted organization				▶□
	rt test - 2020. If the or						
and stop here.	The organization qualifi	es as a publicly s	supported organiza	ation			<b>&gt;</b>
	l-circumstances test -						
and if the organ	ization meets the facts-	and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
meets the facts	and-circumstances tes	. The organization	n qualifies as a pu	blicly supported o	rganization		▶□
b 10% -facts-and	l-circumstances test -	<b>2020.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the	organization meets the	facts-and-circun	nstances test, che	ck this box and s	<b>top here.</b> Explain i	n Part VI how the	
	ata tha faata and airaur	netaneoe toet. Th	e organization gua	alifies as a nublicly	supported organi	zation	
organization me	ets the facts-and-circur	iistances test. II	io organization que	annes de la publiciy	supported organi		

Schedule A (Form 990) 2021

## 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	elow, please comp	iete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2011	(6) 2010	(0) 2010	(4) 2020	(6) 2021	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	57,723.	118,198.	45.945.	107,654.	86.224.	415,744.
2	Gross receipts from admissions,	3,7,230		10 / 5 10 0	20,,0010	00,2210	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	4,391.	1,695.	3,183.	1,338.	1,663.	12,270.
2	organization's tax-exempt purpose Gross receipts from activities that	4,351.	1,055.	3,103.	1,330.	1,005.	12,270
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	60 114	119,893.	40 130	100 000	87,887.	400 014
	Total. Add lines 1 through 5	62,114.	119,893.	49,128.	108,992.	8/,88/•	428,014.
7a	Amounts included on lines 1, 2, and						•
	3 received from disqualified persons						0.
D	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						•
	amount on line 13 for the year		4				0.
	Add lines 7a and 7b		4				0.
	Public support. (Subtract line 7c from line 6.)						428,014.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	62,114.	119,893.	49,128.	108,992.	87,887.	428,014.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,			4.0			
	and income from similar sources	3.	238.	40.	21.	83.	385.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	3.	238.	40.	21.	83.	385.
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	62,117.	120,131.	49,168.	109,013.	87,970.	428,399.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
							<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	vided by line 13, c	olumn (f))		15	99.91 %
16	Public support percentage from 2020	Schedule A, Part	II, line 15			16	99.91 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.09 %
18	Investment income percentage from 2	<b>2020</b> Schedule A,	Part III, line 17			18	.09 %
	33 1/3% support tests - 2021. If the					3 1/3%, and line 17	
	more than 33 1/3%, check this box ar						<b>▶</b> X
b	33 1/3% support tests - 2020. If the	-	-	•	•		
	line 18 is not more than 33 1/3%, che						<b>&gt;</b>
20	Private foundation. If the organizatio		-	· ·		-	<b>•</b>

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4 -		
	4a		
	4b		
	4c		
	2		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	۵h		
	9b		
	9с		
	10a		
	10b		
ule	A (Forr	n 990)	2021

132024 01-04-21

Par	t IV   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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	/		
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	(see instruction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	No
	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			
		2a		
	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ju		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

c Excess from 2019d Excess from 2020e Excess from 2021

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SOUTHWEST SEATTLE HISTORICAL SOCIETY

**Employer identification number** 91-1297010

Pai	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's exclu	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor	rs in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the organization	ation answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch	neck all that apply).	
	Preservation of land for public use (for example, recreation of	r education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified constant and the constant	onservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			l I
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after 7		
	listed in the National Register		
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the	e organization during the tax
_	year -		
4	Number of states where property subject to conservation easemer		
5	Does the organization have a written policy regarding the periodic	-0	□ v □ u.
•	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ing of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	y violations, and onforcing consony	ation assements during the year
′	\$\Delta \$\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex	or violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above sati	sty the requirements of section 170	(b)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ea	sements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnote to	•	
	organization's accounting for conservation easements.	· ·	
Pai	t III Organizations Maintaining Collections of Art	, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, no	t to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in fo	urtherance of public
	service, provide in Part XIII the text of the footnote to its financial s	statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public exhil	oition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>.</b> .
2	If the organization received or held works of art, historical treasure		
	the following amounts required to be reported under FASB ASC 9	58 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for I		Schedule D (Form 990) 2021

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Complete in the organization answered Tes on Form 950, Part IV, line TTa. See Form 950, Part X, line To.				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings	733,933.			733,933.
c Leasehold improvements	5,754.			5,754.
<b>d</b> Equipment	9,014.			9,014.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal	748,701.			

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SOUTHWEST	SEATTLE HISTOF	RICAL SOCIETY 91	L-1297010 Page <b>3</b>
Part VII Investments - Other Securities.			· · · - · · · · · · · · · · · ·
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			<u> </u>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII Investments - Program Related.	"	11 0 5 000 5 000 5	
Complete if the organization answered "Yes		(c) Method of valuation: Cost or en	d of your moultativativa
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost or en	u-oi-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
	a) Description		(b) Book value
(1) COLLECTIONS, ARTIFACTS &			22,818.
(2) PROGRAM MATERIALS			134,228.
(3) CREDIT CARD OVERPAYMENT			1,145.
(4)			·
(5)			
(6)			
(7)			
(8)			
(9)	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	<b>&gt;</b>	158,191.
Part X Other Liabilities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	_
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			İ

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

(9)

132054 10-28-21 Schedule D (Form 990) 2021

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTHWEST SEATTLE HISTORICAL SOCIETY

Employer identification number 91-1297010

BOOTHWEST SEATTHE HISTORICAL SOCIETY 91 1297010
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH EDUCATION, PRESERVATION AND ADVOCACY.
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.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
FUND BALANCE CHANGE 28,352.

## **Statement for Revenue Procedure 2021-48**

Taxpayer's Name SOUTHWEST SEATTLE HISTORICAL SOCIETY

Taxpayer's Address 3003 61ST AVE SW SEATTLE, WA 98116

Taxpayer's SSN/EIN 91-1297010

The taxpayer is applying the following sections of Revenue Procedure 2021-48 of tax year  $\underline{2021}$ : SECTION 3.01(1)

Year of Loan	Description	Tax-Exempt Income	Was the loan forgiven as of the date of the return is filed?
2021	PPP LOAN FORGIVENESS	17,300	<u>. Y</u>
			<u> </u>