** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	2014 calendar year, or tax year beginning and end	ding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		51-0	191115
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	
	Final return/	1015 8TH AVENUE NORTH		206-	682-1770
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,378,507.
L	Amend	SEATTLE, WA JOINS		H(a) Is this a group re	
	Applica tion pendin	Finame and address of principal officer:0001111 0 • 211161111		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or [527	If "No," attach a	list. (see instructions)
		e: ▶ WWW.HUMANITIES.ORG		H(c) Group exemption	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	L Year o	of formation: 1973 N	State of legal domicile: WA
P		Summary			
_	1 1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t SPA}$	ARK C	ONVERSATION	AND
& Governance		CRÍTICAL THINKING USING STORY AS A CATALYS			
r a	2 0	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net as	ssets.
o Ve				3	19
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			19
တို		Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)			9
iŧie		Total number of volunteers (estimate if necessary)			50
Activities		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.
_	 "	vet dirictated business taxable income north offit 550 1, line 64	·····	Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII line 1h)		1,335,877.	1,316,207.
	1	Contributions and grants (Part VIII, line 1h)		1,500.	0.
	1	Program service revenue (Part VIII, line 2g)		28,641.	22,905.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-25,464.	-20,501.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,340,554.	
_		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		96,770.	74,370.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		90,770.	74,370.
		Benefits paid to or for members (Part IX, column (A), line 4)		562,362.	551,015.
Expenses	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	; <u> </u>	9,799.	10,205.
Ϋ́	b	Fotal fundraising expenses (Part IX, column (D), line 25)	<u>'• </u>	400 400	462 120
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		400,489.	463,130.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,069,420.	1,098,720.
. (/		Revenue less expenses. Subtract line 18 from line 12		271,134.	219,891.
Net Assets or Find Balances			Beg	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		1,360,309.	1,600,900.
TA A	21	Total liabilities (Part X, line 26)		133,243.	147,654.
		Net assets or fund balances. Subtract line 21 from line 20		1,227,066.	1,453,246.
	art II	Signature Block			
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules ar			y 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.	
Sig	ın	Signature of officer		Date	
He	re	CYNTHIA WELLS, BOARD CHAIR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d þ	RAYMON G. HOLMDAHL	0	7/20/15 if self-employed	P00120599
Pre	parer	Firm's name PETERSON SULLIVAN LLP, CPA'S		Firm's EIN	91-0605875
Use	Only	Firm's address 601 UNION ST, STE 2300			
		SEATTLE, WA 98101-2345		Phone no. 20	63827777
Ma	v tha IB	S discuss this return with the preparer shown above? (see instructions)		1	X Ves No

Form	1990 (2014) HUMANITIES WASHINGTON	51-0191115	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	AS WASHINGTON STATE'S FLAGSHIP NONPROFIT DEDICATED TO '	THE HUMANITIE	S,
	HW'S WORK BRINGS PEOPLE TOGETHER TO LEARN ABOUT THEIR I		
	SHARED PRESENT, PROMOTES RESPECT FOR OTHER PERSPECTIVES		
	COMMUNITY DIALOGUE AND NURTURES RELATIONSHIPS THAT ENAM	TE TO THE TOTAL TO	
2	Did the organization undertake any significant program services during the year which were not listed on		
_		Vec	X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L-163	140
_	Did the organization cease conducting, or make significant changes in how it conducts, any program services	.o	X No
3		sr res	_21_ NO
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$)
	FAMILY READING - HW'S FAMILY READING PROGRAM NURTURES 1		<u>s,</u>
	CREATES A PRE-DISPOSITION FOR FUTURE LEARNING, AND BUIL		
	THINKING SKILLS AND FAMILY BONDS THROUGH GROUP DISCUSS		<u>E</u>
		M FOCUSES ON	
	ACADEMICALLY AT-RISK ELEMENTARY SCHOOL-AGED CHILDREN, '		
	LOW-INCOME COMMUNITIES. IN 2014, HW'S FAMILY READING		
	13 SIX-WEEK SERIES SERVING ALMOST 3,200 CHILDREN AND T	HEIR FAMILIES	AT
	10 LOCATIONS ACROSS WASHINGTON STATE.		
4b	(Code:) (Expenses \$ 151,760 • including grants of \$ 74,370 •) (Rev	enue \$)
	GRANTS - THROUGH A SMALL GRANTS PROGRAM, HW AWARDS NEH	AND PRIVATE	′
	FUNDS TO SUPPORT PROGRAMS ACROSS THE STATE THAT USE TH		AS A
	LAUNCH POINT FOR COMMUNITY DIALOGUE AND DISCUSSION ABOUT		
	ISSUES. THE PRIMARY GOAL OF THIS SUPPORT IS TO ENCOUR		
	EXAMINATION OF IDEAS, PROVIDE CONTEXT FOR CURRENT ISSUE		
	BRIDGES BETWEEN PUBLIC ISSUES AND RESEARCH. DURING 2014		
	SEED FUNDING FROM THE LENORE AND CHARLES HALE FAMILY FO	•	005
	MATCHED BY GIFTS FROM OTHER PRIVATE INDIVIDUALS AND FO		NTERM
	GRANT-MAKING PROGRAM, THE WASHINGTON STORIES FUND, WAS		
	TOOL TO DISMANTLE BARRIERS AND ENHANCE CULTURAL UNDERS'		DED
	PROJECTS HIGHLIGHT THE LITTLE-KNOWN STORIES OF PEOPLE (
	CONTRIBUTIONS ADD TO THE CULTURAL RICHNESS AND HEALTH		
4c	(Code:) (Expenses \$ 142,150 • including grants of \$) (Rev)
	SPEAKERS BUREAU - SPEAKERS TRAVEL THE STATE TO DELIVER		
	PRESENTATIONS AND LEAD DISCUSSIONS ON DIVERSE SUBJECTS		
	POPULAR CULTURE, PHOTOGRAPHY, ARCHITECTURE, LITERATURE		
	HISTORY. SPEAKERS ARE CAREFULLY SELECTED BASED ON THEIR		ND
	ABILITY TO OFFER FASCINATING CONTENT AND INSIGHT THAT		
	DISCUSSION WITH AUDIENCES OF ALL AGES AND BACKGROUNDS.		
	SPEAKERS DELIVERED 200 PRESENTATIONS IN 78 CITIES AROU		TY
	OF WASHINGTON STATE, SERVING A COLLECTIVE AUDIENCE OF	OVER 77,000.	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 288,396 • including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 803,794.		
		Form 9	90 (2014)

Form 990 (2014) HUMANITIES W Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	990	(0044)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
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	
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

Part 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	1a	51						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming						
	(gambling) winnings to prize winners?			1c	Х				
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	9						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			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				За		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х			
b	If "Yes," enter the name of the foreign country:		,						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?			6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	were not tax deductible?		-	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
a 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?									
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		Х			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
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.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13 Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
Note. See the instructions for additional information the organization must report on Schedule O.									
b Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b					
				Form	990	(2014			

432005 11-07-14 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

						Λ
Sec	tion A. Governing Body and Management					
		1 1	4 AF		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		···	Ť		
	more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		···			
-				7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year.					
				8a	Х	
a				8b	X	
b	Each committee with authority to act on behalf of the governing body?		├	on	-22	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		71
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenue Coae.)				
			г		Yes	No X
	Did the organization have local chapters, branches, or affiliates?		-	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form	?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a			⊢	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	L	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe				
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?		L	13	X	
14	Did the organization have a written document retention and destruction policy?		L	14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official		L	15a	X	
b	Other officers or key employees of the organization		[15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►WA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s or	ıly) av	/ailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.	· ///				
		n in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		and ·	finan	cial	
	statements available to the public during the tax year.	,				
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records:				
	ERIC W SANDERS, ASSOCIATE DIRECTOR - 206-682-1770					
	1015 8TH AVENUE NORTH, NO. B, SEATTLE, WA 98109					
	, , , , , , , , , , , , , , , , , , , ,					

Form **990** (2014)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title	(A)	(B)			(0	C)			(D)	(E)	(F)
Week Wist any hours for related organizations We2/1099-MISC) We2/109-MISC) We2/109-MISC) We2/109-MISC) We2/109-MISC) We2/109-MISC) We2/109-MISC) We2/109-MISC) We2/109-MISC) We2/109-MISC) We2/109-MISC)	Name and Title		(do	not cl	heck	more	than	one		·	
CHAIR		· ·							· ·	•	
CHAIR		1 '	irector							•	•
CHAIR			e or d	stee			ısated			(00-2/1099-00150)	
CHAIR			Truste	nal tru		oyee	ошре		(** = *** = *** = ***		_
CHAIR			vidual	itutior	ser	emplo	hest co	ner			organizations
CHAIR			Indi	Inst	Offi	Key	Hig emp	윤			
CHAIR-BLECT		3.00	,,		77					_	
CHAIR-ELECT		2 00	X		X				0.	0.	0.
ARRY KINNER		3.00	7,		77					0	_
TREASURER/SECRETARY		2 00	A		A				0.	0.	0.
(4) JOHN BAULE		3.00	v		v				_	^	0
X		2 00	Λ		Λ				0.	0.	0.
STATESTEE STAT		3.00	v		v				_	^	0
X		3 00	Λ		Λ				0.	0.	0.
Column		3.00	v		v				0	n	0
TRUSTEE		1 00	Λ		Λ				0.	0.	•
TRUSTEE		1.00	v						n	n	٥
TRUSTEE		1.00	22						0.	0.	•
(8) MARY CARR		1.00	x						0.	0.	0.
TRUSTEE		1.00							· ·	•	•
TRUSTEE			x						0.	0.	0.
TRUSTEE		1.00							•	•	
TRUSTEE			x						0.	0.	0.
TRUSTEE	(10) ELIZABETH JOFFRION	1.00									
TRUSTEE			х						0.	0.	0.
TRUSTEE	(11) DAN LAMBERTON	1.00									
TRUSTEE	TRUSTEE		Х						0.	0.	0.
TRUSTEE	(12) ED MARQUAND	1.00									
TRUSTEE X 0. 0. 0. 0. (14) JOAN PENNEY 1.00 X 0. 0. 0. (15) DAVID POWERS 1.00 TRUSTEE X 0. 0. 0. 0. (16) JANE REICH X 0. 0. 0. 0. (17) JOHN ROTH 1.00 TRUSTEE X 0. 0. 0. 0. 0. (17) JOHN ROTH TRUSTEE X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
TRUSTEE X 0. 0. 0. 0. 0. 0. 0.	(13) MARY PEMBROKE PERLIN	1.00									
TRUSTEE X 0. 0. 0. (15) DAVID POWERS 1.00 0.<	TRUSTEE		Х						0.	0.	0.
Column C	(14) JOAN PENNEY	1.00									
TRUSTEE X 0. 0. 0. (16) JANE REICH 1.00 0. 0. 0. TRUSTEE X 0. 0. 0. (17) JOHN ROTH 1.00 0. 0. 0. TRUSTEE X 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
(16) JANE REICH 1.00 TRUSTEE X (17) JOHN ROTH 1.00 TRUSTEE X 0. 0. 0. 0. 0. 0.	(15) DAVID POWERS	1.00									
TRUSTEE X 0. 0. 0. (17) JOHN ROTH 1.00 TRUSTEE X 0. 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
(17) JOHN ROTH TRUSTEE X 0. 0. 0.	(16) JANE REICH	1.00									
TRUSTEE X 0. 0. 0.			Х						0.	0.	0.
		1.00	_							_	_
	TRUSTEE		X						0.	0.	

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Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	timate	d
	hours per week	box	, unle	unless person is b er and a director/tr		is bot	th an	compensation	compensation			nount o	of
	(list any	\vdash	T			T	T,	from the	from relate organizatior			other pensat	tion
	hours for	direct				9			(W-2/1099-MI			om the	
	related	tee or	stee			en sa te		(W-2/1099-MISC)	(** = *********************************	/		anizati	
	organizations	ıl trus	nal tru		oyee	omp(d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer.				orga	anizatio	วทร
/10) GADY GEOVEG	1.00	트	l si	#	Ş.	<u> </u>	횬						
(18) GARY STOKES TRUSTEE	1.00	x						0.		0.			0.
(19) JAN WALSH	1.00	1				-		0.					
TRUSTEE	100	\mathbf{x}						0.		0.			0.
(20) JULIE ZIEGLER	45.00	 				T							
EXECUTIVE DIRECTOR				x				92,846.		0.	1	4,39	92.
(21) ERIC SANDERS	37.00					1		•					
ASSOCIATE DIRECTOR				Х				75,727.		0.		9,79	98.
						<u> </u>							
										ļ			
						-	-						
		-								ļ			
						+							
		1											
						T							
										ļ			
1b Sub-total							▶	168,573.		0.	2	4,19	90.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								168,573.		0.	2	4,19	90.
2 Total number of individuals (including but	not limited to the	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	ole			_
compensation from the organization												 T	0
												Yes	No
3 Did the organization list any former office	,		,	,		,	,	•					Х
line 1a? If "Yes," complete Schedule J for											3		
4 For any individual listed on line 1a, is the sand related organizations greater than \$1			-					•	trie organization		4		Х
5 Did any person listed on line 1a receive or									idual for services	·····	_		
rendered to the organization? If "Yes," co.	·				•	•		organization or man		·	5		Х
Section B. Independent Contractors	•				•								
1 Complete this table for your five highest of	compensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation for	r the calendar y	/ear	endi	ing v	vith	or w	/ithi	n the organization's tax	year.				
(A)		3.7	~~	_				(B)			(C		_
Name and busines	ss address	М	INC	<u> </u>			_	Description of s	services	\vdash	ompe	nsation	<u> </u>
							-						
							_			<u> </u>			
										1			
2 Total number of independent contractors	(including but a	no+ 1:	mita	d +c	the	NSO 11	etor	d above) who received a	nore than				
Total number of independent contractors\$100,000 of compensation from the organ		IUL II	mie	iu iU	LI 10) 0	აι ∪ (a abovej who received h	IOIE IIIAII				
# 100,000 or componential normalic organ											Form	990 (2	2014)

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Pa	rt VI			or noto to any lir	oo in this Dort VIII			
		Check if Schedule O conta	iris a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ti c c e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines to Total. Add lines 1a-1f	1b 1c 1d 1d 1e 5, and 6 1f 1f 1s	118,580. 730,218. 467,409.	1,316,207.			
		Totali / Ga iii Go Ta Ti		Business Code				
Program Service Revenue	2 a							
ъ.		All other program service rever						
	3 4 5	Investment income (including of other similar amounts) Income from investment of tax	dividends, intere	est, and	17,350.			17,350.
	6 a	Royalties	(i) Real	(ii) Personal				
	c	Description Less: rental expenses						
	b	a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities 14,927. 9,372. 5,555.	(ii) Other				
		Net gain or (loss)	-	>	5,555.			5,555.
Other Revenue	8 a	Gross income from fundraising including \$18,58 contributions reported on line Part IV, line 18	events (not 80 • of 1c). See a	28,807.				
Ė		Less: direct expenses		50,524.	04 747			04 545
•		Net income or (loss) from funda Gross income from gaming act Part IV, line 19	ivities. See	>	-21,717.			-21,717.
	c	Less: direct expenses Net income or (loss) from gamin Gross sales of inventory, less r	ng activities	>				
	b	and allowances Less: cost of goods sold Net income or (loss) from sales	a					
		Miscellaneous Revenue		Business Code				
	b			900099	1,216.			1,216.
	0							
		All other revenue Total. Add lines 11a-11d		•	1,216.			
	12	Total revenue. See instructions.			1,318,611.	0.	0.	2,404.
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Part IX | Statement of Functional Expenses

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

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	74 272	54 252		
	and domestic governments. See Part IV, line 21	74,370.	74,370.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102 762	127 006	47 017	17 040
	trustees, and key employees	192,763.	127,006.	47,817.	17,940
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	270 112	176 060	0 770	02 272
7	Other salaries and wages	279,112.	176,960.	8,779.	93,373
8	Pension plan accruals and contributions (include	14 642	0 262	200	E 000
_	section 401(k) and 403(b) employer contributions)	14,642. 20,125.	9,263. 12,730.	289. 373.	5,090 7,022
9	Other employee benefits				1,022
10	Payroll taxes	44,373.	28,548.	5,015.	10,810
11	Fees for services (non-employees):				
а					
b	Legal				
С					
d	Lobbying	10 205			10 205
е	·	10,205.		F F00	10,205
f	Investment management fees	5,589.		5,589.	
g	,	17 500		17 500	
	column (A) amount, list line 11g expenses on Sch O.)	17,500.		17,500.	
12	Advertising and promotion	25 270	21 074	240	2 156
13	Office expenses	25,378.	21,974.	248.	3,156
14	Information technology				
15	Royalties	E 4 276	24 000	6 250	12 010
16	Occupancy	54,276.	34,908.	6,358.	13,010
17	Travel	25,981.	21,615.	2,785.	1,581
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	11 654	2 660	0 006	
19	Conferences, conventions, and meetings	11,654.	2,668.	8,986.	
20	Interest				
21	Payments to affiliates	26,758.	20,812.	2 072	2,973
22	Depreciation, depletion, and amortization	40,750.	40,014.	2,973.	4,313
23	Insurance Other averages Itemize averages not assured				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSE	217,480.	216,105.		1,375
b	MISCELLANEOUS	43,337.	28,591.	4,630.	10,116
С	DUES AND FEES	35,177.	28,244.	584.	6,349
d		-	-		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,098,720.	803,794.	111,926.	183,000
<u> </u>	Joint costs. Complete this line only if the organization				· · · · · · · · · · · · · · · · · · ·
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2014

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Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	392,036.	1	196,744.
2	Savings and temporary cash investments	3,702.	2	280,990
3	Pledges and grants receivable, net	149,872.	3	223,722
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>ي</u>	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 2	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	37,096.	9	24,560
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 220, 929.			
b		-	10c	113,468
11	Investments - publicly traded securities	644,800.	11	755,546
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	5,870
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,360,309.	16	1,600,900
17	Accounts payable and accrued expenses	21,811.	17	42,949
18	Grants payable	45,047.	18	46,402
19	Deferred revenue	66,385.	19	58,303
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖွ 22	Loans and other payables to current and former officers, directors, trustees,			
┋ │	key employees, highest compensated employees, and disqualified persons.			
Liabilities 22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	122 242	25	147 654
26	Total liabilities. Add lines 17 through 25	133,243.	26	147,654
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se	complete lines 27 through 29, and lines 33 and 34.	716,919.		761 152
27 28 29 29 29	Unrestricted net assets	273,401.	27	761,153 430,510
B 28	Temporarily restricted net assets	236,746.	28	261,583
g 29 E	Permanently restricted net assets	430,740.	29	ZUI,303
	Organizations that do not follow SFAS 117 (ASC 958), check here			
ο σ	and complete lines 30 through 34.		00	
30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or 30 31 35 32	Retained earnings, endowment, accumulated income, or other funds	1,227,066.	32	1,453,246
33	Total net assets or fund balances	1,360,309.	33	
34	Total liabilities and net assets/fund balances	1,300,309.	34	1,600,900

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 1 2 1 3	,31 ,09 21	8,6 8,7 9,8	20. 91. 66.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1	1 =	າ າ	16		
Dai	column (B))	10 1	,45	ა,∠	40.		
Га	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No		
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
	Were the organization's financial statements compiled or reviewed by an independent accountant? 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? 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
20	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	2c	Х			
3a 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?							
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	iica audit	3b	х			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HUMANITIES WASHINGTON

Employer identification number 51-0191115

Pai	t I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.		
he o	organi	zation is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz					-	the hospital's name.	
		city, and state:		,			(,	
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in	
_		section 170(b)(1)(A)(iv). (C		,		, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	37	An organization that norma	-				•	public described in	
		section 170(b)(1)(A)(vi). (C	•				anno en menn ane general	paisie accession in	
8		A community trust describe	• •	(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma				contributio	ons membership fees a	nd gross receipts from	
		activities related to its exen	•	•	-			-	
		income and unrelated busin	•	•				-	
		See section 509(a)(2). (Cor		(least coolier or relainy in				a	
10		An organization organized a		ively to test for public sa	afetv. See	section 50	9(a)(4).		
11		An organization organized a	•	•	•			e purposes of one or	
		more publicly supported or	•	•	-		•		
		lines 11a through 11d that	~						
а		Type I. A supporting orga	• •			•		giving	
		the supported organization	•	•	•				
		organization. You must o						•	
b		Type II. A supporting org	-		tion with it	s supporte	ed organization(s), by ha	ving	
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.	•				
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	r the number of supported o	organizations						
g	Prov	ide the following information	about the supporte						
	(i	Name of supported	(ii) EIN		(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of	
		organization		(described on lines 1-9 above or IRC section	governing of	document?	support (see Instructions)	other support (see Instructions)	
				(see instructions))	Yes	No	mondono)	inotractions)	
ota									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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

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

Sec	ction A. Public Support									
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,			
	membership fees received. (Do not									
	include any "unusual grants.")	1079302.	1048854.	1105019.	1335877.	1316207.	5885259.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	1070200	1040054	1105010	1225000	1216000	<u> </u>			
4	Total. Add lines 1 through 3	1079302.	1048854.	1105019.	1335877.	1316207.	5885259.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,						206 010			
	column (f)						296,018.			
	Public support. Subtract line 5 from line 4.						5589241.			
	etion B. Total Support	(-) 0040	(1-) 0044	/-\ 0040	(-1) 0040	(-) 0044	(6) T-+-1			
	ndar year (or fiscal year beginning in)	(a) 2010 1079302.	(b) 2011 1048854.	(c) 2012 1105019.	(d) 2013 1335877.	(e) 2014 1316207.	(f) Total 5885259 •			
	Amounts from line 4	1077302.	1040034.	1103013.	1333077.	1310207.	3003233.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties	12,163.	17,504.	16,480.	15,711.	17,350.	79,208.			
9	and income from similar sources Net income from unrelated business	12,103.	17,304.	10,400.	13,711.	17,330.	13,2001			
9	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)		7,191.	150.	1,528.	1,216.	10,085.			
11	Total support. Add lines 7 through 10		,			,	5974552.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	31,262.			
13	•	•	,			n 501(c)(3)				
	organization, check this box and stop						> □_			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2014 (I	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	93.55 %			
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	97.40 %			
16a	33 1/3% support test - 2014. If the o	•		•		•				
	stop here. The organization qualifies	as a publicly supp	orted organization				<u>X</u>			
b	33 1/3% support test - 2013. If the o	•		•		•				
	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes	•					•			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances tes	ū				•				
	more, and if the organization meets the									
40	organization meets the "facts-and-circ									
<u>18</u>	Private foundation. If the organization	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 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.)

Celledar year (or fiscal year hespinning (i)) Gilto, grants, contributions, and membeship fees received. (Do not include any "unusual grants.") Gross receipts from activities. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues leved for the organization or the organization is traveled in any activity that is related to the organization's tax exempl purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues leved for the organization or the organization without charge 5 The value of sevuices of facilities furnished by a governmental unit to the organization without charge 6 Totals. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons. by reconstructed or lines 2 as it received by accounts included on lines 1, 2, and 3 received from disqualified persons. by reconstructive for the organization without charge 6 Totals. Add lines 1 through 5 7 A a mounts included on lines 1, 2, and 3 received from disqualified persons. by reconstructive for the organization without charge 7 A mounts included on lines 1, 2, and 8 Public support injuries (reminist) Gelledar year (or fiscal year beginning iii) by 9 Amounts from line 6 10a Gross income from interest, dividending, symments received on securities loans, rants, royalties and riccome from similar sources by Lines with a come of the capital 11 Net Income from unrelated businesse and income from similar sources by Lines with a capital 12 First five years, if the Form 900 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(ci)(3) organization, chock this box and stop here. 14 First five years, if the Form 900 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(ci)(3) organization, chock this box and stop here. 15 Public support percentage for 2014 (line 8, octumn (f) divided by line 13, column (f)) 16 Public support degraced f	Sec	ction A. Public Support	low, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from activities, that are not an unrelated trade of the organization's tix-exempt purpose 3. Gross neceipts from activities that are not an unrelated trade of business under section 513. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its obhalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. To value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. To value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. To value of services or facilities for the value of the value of services or facilities for the value of the va	Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, membrandis sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions and the organization's tax-exempt purpose 3 Gross receipts from admission that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization organization is benefit and either paid to or expanded on its behalf 5 The value of services or scalibles furnished by a governmental unit to the organization without charge the organization of the organization without charge the organization of the organization without charge the organization of the organization without charge the organization of the organization organizat		· ` ` · · · · · · · · · · · · · · · · ·			` '			,
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18 Investment income percentage from 2013 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		•					17	%
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more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	136							
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	L							
	i.	• • • • • • • • • • • • • • • • • • • •	•			•	•	
	20							

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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		
	3a		
	3b		
	G.E		
	3с		
	4a		
	4b		
	4D		
	4c		
	40		
	5a		
	_		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	100		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described in (a) above?	11b		
С	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	-	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
0		pported organization(s).	1		
Sec	lion L	D. Type III Supporting Organizations		V	NI -
4	Did th	a averagination provide to each of its supported averaginations, by the last day of the fifth month of the		Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	-	2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec	tion E	. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а		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		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2		ies Test. Answer (a) and (b) below.		Yes	No
а		abstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined nese activities constituted substantially all of its activities.	2a		
h		e activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <i>Answer (a) and (b) below.</i>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	3				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
e	Discount claimed for blockage or other							
	factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	anization (see				
	instructions)	. 0	3 3	•				

Schedule A (Form 990 or 990-EZ) 2014

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS .	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>i</u>				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a h				
<u>b</u>				
<u>с</u>	Evenes from 2012			
	Excess from 2014			
<u>e</u>	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

51-0191115 HUMANITIES WASHINGTON Organization type (check one):

Oi gaille	ation type (check of	16).
Filers of	:	Section:
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Check if	vour organization is	covered by the General Rule or a Special Rule .
		7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
	•	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Employer identification number

HUMANITIES WASHINGTON 51-0191115

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>300,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	rume, address, and 2n + 4	\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Occupation (Complete Part II for noncash contributions.)

HUMANITIES WASHINGTON

51-0191115

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—			
3453 11-05-		\$	 990, 990-EZ, or 990-PF) (2

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

		parate instructions), then 01(c)(4), (5), or (6) organiza	tions: Complete Part III					
	ne of orga	nization			Em	ployer identification number		
_			IES WASHINGTON	504/		51-0191115		
Pa	art I-A	Complete if the org	janization is exempt und	er section 501(c)	or is a section 527	organization.		
2	Political	expenditures	ation's direct and indirect politic		>	\$		
Pa	art I-B	Complete if the org	janization is exempt und	er section 501(c)	(3).			
1	Enter the		incurred by the organization und		. ,	\$		
2	Enter the	amount of any excise tax	incurred by organization manage	ers under section 4955		\$		
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes Mo		
						Yes No		
LD ₄	o If "Yes,"	describe in Part IV.	ganization is exempt und	or coation E01/a	eveent eastion 50	4(a)(2)		
			•		•			
3	 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a 							
	•	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and		

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2014 HUMANITIES WASHINGTON 51-019111 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(b)	
of the	e lobbying activity.	Yes	No	Amour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	77		
	Media advertisements?	37	X		275.
	Mailings to members, legislators, or the public?	X			
	Publications, or published or broadcast statements?	X X		1 🗆	125. 190.
	Grants to other organizations for lobbying purposes?	X			618.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	٫ ,	010.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		21	21	208.
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		2001
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, line	3, IS
	answered "Yes."		1.		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
_	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year				
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A. lines 1 a	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	,	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
HUN	MANITIES WASHINGTON'S LOBBYING ACTIVITIES INCLUDE A	TTEND	ANCE B	Y BOARD)
MEI	MBERS AND STAFF AT THE ANNUAL HUMANITIES ON THE HIL	L EVE	NT, A		
COI	IGRESSIONAL ADVOCACY EFFORT OF THE FEDERATION OF ST	ATE H	JMANIT	IES	
aa-	MATIA MO LODDY AONODERA ON DEVINE OF MUSE NEW DURCE	m	T 700-	штом	
COL	NCILS TO LOBBY CONGRESS ON BEHALF OF THE NEH BUDGE	T. II	N ADDI	T.TON,	
י סם	NDN MEMBERS AND SMARE BARMTOTDAME TH MUE UEDTMASE O	אזוכיים	митоп		
DO!	ARD MEMBERS AND STAFF PARTICIPATE IN THE HERITAGE C			990 or 990-F	7) 2014

432043 10-21-14

Part IV Supplemental Information (continued)
ADVOCATES TO THE WASHINGTON STATE LEGISLATURE ON BEHALF OF STATE
HERITAGE ISSUES. A PORTION OF OUR ANNUAL DUES TO THE FEDERATION OF
STATE HUMANITIES COUNCILS (FSHC) IS USED BY FSHC TO LOBBY CONGRESS ON
BEHALF OF THE 56 STATE AND TERRITORIAL HUMANITIES COUNCILS.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUMANITIES WASHINGTON

Employer identification number 51-0191115

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	S.	
		(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 wr	iting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's ex	_	
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		-
Pai			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu		cally important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aft		
	listed in the National Register		
3	Number of conservation easements modified, transferred, release		
	year >	, ,	
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		<u> </u>
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar A	ssets(continued)					
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	d	Loan or excl	nange programs							
b	Scholarly research	е	Other								
С	c Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5											
	to be sold to raise funds rather than to be ma					Yes No					
Pai	rt IV Escrow and Custodial Arran					t IV, line 9, or					
	reported an amount on Form 990, Par		_								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets no	t included						
	on Form 990, Part X?					Yes No					
b	If "Yes," explain the arrangement in Part XIII										
						Amount					
С	Beginning balance				1c						
d	Additions during the year										
е	Distributions during the year										
f	Ending balance				1f						
2a					oility?	Yes No					
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided in Part XII	I						
	rt V Endowment Funds. Complete it										
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years I	back (e) Four years back					
1a	Beginning of year balance	206,479.	165,543.	150,832.	153,9	986. 514,386.					
b	Contributions	100,000.	20,000.		1,0	11,067.					
С	Net investment earnings, gains, and losses	5,971.	20,936.	18,091.	-4,1	12,023.					
d	Grants or scholarships										
е	011 121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
	and programs			3,380.		383,490.					
f	Administrative expenses										
g	_ , , , , ,	312,450.	206,479.	165,543.	150,8	332. 153,986.					
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	i)) held as:	•						
а		,	%	,,							
b	Permanent endowment > 84.00	%	_								
С	<u> </u>	6.0 0 %									
	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posse		tion that are held a	nd administered for	the organization	1					
	by:	-			-	Yes No					
	(i) unrelated organizations					3a(i) X					
	(ii) related organizations					3a(ii) X					
b	If "Yes" to 3a(ii), are the related organizations										
4	Describe in Part XIII the intended uses of the										
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.						
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated	(d) Book value					
	,	basis (investm	1 ' '	, , ,	epreciation						
1a	Land										
b											
	Leasehold improvements		7	1,147.	17,787.	53,360.					
d				9,782.	89,674.	60,108.					
	Other										
	II. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)		113,468.					

Schedule D (Form 990) 2014

Schedule D (F	Form 990) 2014 HUI	MANITIES	WASHINGTON		51	-0191115	Page 3
	Investments - Other	Securities.					
	Complete if the organization	answered "Yes'	to Form 990, Part IV	line 11b. See Form 990,	Part X, line 12.		
	on of security or category (includ		(b) Book value		valuation: Cost or en	d-of-year market v	value
(1) Financial	derivatives						
	eld equity interests						
(3) Other	sia equity interests						
_							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)		1 (D) !! 40 \ >					
	must equal Form 990, Part X, o						
	Investments - Progra						
	Complete if the organization						
	(a) Description of investme	ent	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market v	value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (b)	must equal Form 990, Part X, c	ol. (B) line 13.)					
	Other Assets.						
	Complete if the organization	answered "Yes'	to Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.		
		(a)	Description			(b) Book va	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990,	Part Y col (R) lir	no 15)				
	Other Liabilities.	Tart X, Cor. (D) III	ie 13.)			<u> </u>	
	Complete if the organization	answered "Ves"	to Form 990 Part IV	line 11e or 11f See Forr	m 000 Part Y line 25		
	(a) Description		10 1 01111 990, 1 art 1V	(b) Book value	11 990, 1 art X, iii e 23	·-	
1. (1) Fodos		· or nabiney		(B) Book value			
	ral income taxes				-		
(2)					-		
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII □

Schedule D (Form 990) 2014

PART XI, LINE 2D - OTHER ADJUSTMENTS:

50,524. SPECIAL EVENT EXPENSES INCLUDED ON PG 9 LINE 8B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

50,524. SPECIAL EVENT EXPENSES INCLUDED ON PG 9 LINE 8B

Schedule D (Form 990) 2014	HUMANITIES	WASHINGTON	51-0191115 Page 5
Schedule D (Form 990) 2014 Part XIII Supplemental Info	rmation (continued)		
Саррісінення інге	Tital (continuou)		
-			
			

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

HUMANITIES WASHINGTON

Employer identification number 51 – 01 91 11 5

HOMANII	IES WASHINGTON				31-0191	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	'es" to	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	ed funds through any of the following	a acti	vities	Check all that apply		
				overnment grants		
b Internet and email solicitations			-	nment grants		
c Phone solicitations	g L Special	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written o	or oral agreement with any individual	(includ	ding o	fficers, directors, trus	stees or	
key employees listed in Form 990, Pa						☐ No
b If "Yes," list the ten highest paid indi	•			-		
		aant t	agic	cinicitis andci willon	the fundraiser is to	DC .
compensated at least \$5,000 by the	organization.					
		(iii)	Did		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr have c or con	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(II) Activity	or con	trol of	from activity	fundraiser	organization
		contrib	ulions?		listed in col. (i)	,
		Yes	No			
Total						
3 List all states in which the organizatio	n is registered or licensed to solicit of	contrib	utions	or has been notified	d it is exempt from re	egistration
or licensing.					·	
· · · · · ·						

432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

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

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events 2014 BEDTIME2014 BEDTIME NONE (add col. (a) through STORIES SEA STORIES SPO col. (c)) (event type) (event type) (total number) 114,790. 32,597. 147,387. 1 Gross receipts 93,035 25,545. 118,580. 2 Less: Contributions 7,052. 21,755 28,807. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7,342. 35,679. 28,337. 7 Food and beverages 8 Entertainment 9 Other direct expenses 6,678. 8,167. 14,845 50,524 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2014

Sch	nedule G (Form 990 or 990-EZ) 2014 HUMANITIES WASHINGTON 51-0	1911	L15	Page 3
11	Does the organization conduct gaming activities with nonmembers?		'es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	'es	☐ No
1	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Garning manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	∟Y	'es	└── No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	ines 9, 9	b, 10	b, 15b,

Schedule G	(Form 990 or 990-EZ)	HUMANITIES	WASHINGTON	51-0191115 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		<u> </u>
-				
-				
-				
-				
_				
•				
-				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047
2014

Open to Public Inspection

Name of the organization HUMANITIE	S WASHING	TON					Employer identification number 51-0191115
Part I General Information on Grants a							3- 3-13
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?				y for the grants or ass		tion X Yes No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$	\$5,000. Part II car	n be duplicated if additi	onal space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WING LUKE MUSEUM OF THE ASIAN							
PACIFIC AMERICAN EXPERIENCE - 719							
SOUTH KING STREET - SEATTLE, WA							HUMANITIES PROJECT
98104	91-6067431	501(C)(3)	7,500.	0.			FUNDING
EASTERN WASHINGTON UNIVERSITY 526 5TH STREET CHENEY, WA 99004	91-6000624	PUBLIC UNIVERSITY	7,447.	0.			HUMANITIES PROJECT FUNDING
NORTHWEST HERITAGE RESOURCES 3505 NE 187TH STREET LAKE FOREST PARK, WA 98155	94-3245133	501(C)(3)	7,000.	0.			HUMANITIES PROJECT FUNDING
JACK STRAW PRODUCTIONS 4261 ROOSEVELT WAY NE SEATTLE, WA 98105	91-0776606	501(C)(3)	5,000.	0.			HUMANITIES PROJECT FUNDING
NORTHWEST HALL OF RADIO HISTORY (WSU) - WASHINGTON STATE UNIVERSITY, MURROW ROOM WEST 300 - PULLMAN, WA 99164	91-1075542	PUBLIC UNIVERSITY	5,000.	0.			HUMANITIES PROJECT FUNDING
2 Enter total number of section 501(c)(3) a	nd government o	ganizations listed in th	e line 1 table				▶ 5.
3 Enter total number of other organizations							0.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

EXPENSES AND COST SHARE ARE REVIEWED BY HUMANITIES WASHINGTON STAFF.

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	l ne 2, Part III, column	(b), and any other a	l dditional information.					
PART I, LINE 2:									
GRANT FUNDING IS AWARDED VIA A HIG	HLY COMP	ETITIVE PR	OCESS ONLY	TO PROJECTS					
AND ORGANIZATIONS LOCATED IN THE S	TATE OF	WASHINGTON	OR BENEFI	TING CITIZENS					
OF WASHINGTON STATE. FUNDED PROJECTS ARE EXPECTED TO ADHERE TO THE BUDGET									
AND PROGRAM COMPONENTS DETAILED IN THE GRANT APPLICATION. ALL GRANTS ARE									
TRACKED IN THE ORGANIZATION'S DATABASE. HUMANITIES WASHINGTON STAFF AND									
BOARD ATTEND PROJECT EVENTS AND PERFORM SITE VISITS. ONCE PROJECTS ARE									
COMPLETED, FINAL EVALUATIONS AND E	UDGETS A	RE REQUIRE	D FROM GRA	NTEES AND					

SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

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

Name of the organization

HUMANITIES WASHINGTON

Employer identification number 51-0191115

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND ENGAGED COMMUNITIES ACROSS WASHINGTON STATE. HUMANITIES WASHINGTON'S LONG-TERM GOAL IS TO NURTURE AND STRENGTHEN AN INTEGRATED SYSTEM OF INNOVATIVE HUMANITIES EXPERIENCES THAT CONNECT WASHINGTONIANS FROM ALL BACKGROUNDS; ADVANCE THOUGHTFUL, ENGAGED COMMUNITIES; AND SUSTAIN WASHINGTON'S CULTURAL AND HISTORICAL HERITAGE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TOWARD A MORE PROSPEROUS FUTURE. BY ACTING AS A CATALYST AND FACILITATOR, HW SUPPORTS AND PARTNERS WITH A WIDE NETWORK OF COMMUNITIES, ORGANIZATIONS AND INDIVIDUALS. TOGETHER HW AND ITS PARTNERS PROVIDE LOW OR NO COST, HIGH QUALITY CULTURAL AND EDUCATIONAL PROGRAMS IN COMMUNITIES SMALL AND LARGE ACROSS WASHINGTON.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IN 2014 HW AWARDED 47 GRANTS TO PROJECTS IMPACTING MORE THAN STATE. 17,000 PEOPLE THROUGHOUT THE STATE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HUMANITIES WASHINGTON'S OTHER PROGRAMS SHARE THE SAME GOAL AS ITS GRANTS, SPEAKERS BUREAU AND FAMILY READING PROGRAMS: UTILIZE READING, WRITING, LECTURES AND EXHIBITS TO ENGAGE PEOPLE IN NEW AND CREATIVE WAYS, AND STIMULATE DISCUSSION AND CONVERSATIONS BETWEEN PEOPLE FROM A VARIETY OF BACKGROUNDS. THESE OTHER PROGRAMS INCLUDE:

THINK & DRINK CONVERSATION PROGRAMS - HW'S THINK & DRINK PROGRAM BRINGS HOSTED CONVERSATIONS ON PROVOCATIVE TOPICS AND NEW IDEAS TO PUBS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

Name of the organization **Employer identification number HUMANITIES WASHINGTON** 51-0191115 AND TASTING ROOMS, SPARKING LIVELY CONVERSATION ON ETHICS, MORALITY, RELIGION, HISTORY, AND POLITICS. 17 THINK & DRINK EVENTS REACHING ALMOST 800 PEOPLE WERE HELD IN 5 UNIQUE LOCATIONS ACROSS WASHINGTON STATE IN 2014. - TRAVELING EXHIBITS - HW BRINGS EXHIBITS FROM REGIONAL AND NATIONAL MUSEUMS, INCLUDING THE SMITHSONIAN, TO UNLIKELY PLACES IN WASHINGTON STATE, RANGING FROM STOREFRONTS IN SMALL, RURAL COMMUNITIES TO URBAN SHOPPING MALLS. THE EXHIBITS, WHICH ARE COMPLEMENTED BY LOCAL PROGRAMMING THAT ENCOURAGES DIALOGUE AND DISCUSSION ABOUT THE THEMES PRESENTED, EXPOSE NEW AUDIENCES TO LOCAL, STATE, AND NATIONAL HISTORY, AND SERVE TO ENHANCE THE VITALITY OF LOCAL CULTURAL ORGANIZATIONS. HW'S CURRENT TRAVELING EXHIBIT TOURED 4 COMMUNITIES IN 2014 SERVING OVER 719,000 PEOPLE. - OTHER PROGRAMS - HW SPONSORS THE WASHINGTON STATE POET LAUREATE IN PARTNERSHIP WITH ARTSWA/WASHINGTON STATE ARTS COMMISSION. THE POET LAUREATE SERVES A TWO-YEAR TERM AND BUILDS AWARENESS AND APPRECIATION OF POETRY THROUGH PUBLIC READINGS, WORKSHOPS, LECTURES AND PRESENTATIONS IN COMMUNITIES, SCHOOLS, COLLEGES, UNIVERSITIES AND OTHER PUBLIC SETTINGS IN GEOGRAPHICALLY DIVERSE AREAS OF THE STATE. 2014, THE POET LAUREATE PARTICIPATED IN 117 EVENTS AND SERVED A COLLECTIVE AUDIENCE OF OVER 75,000. HW ALSO PRESENTS THE ANNUAL HUMANITIES WASHINGTON AWARD, GIVEN IN MEMORY OF HEATHER C. FRANK OF THE HUMANITIES WASHINGTON AWARD RECOGNIZES OUTSTANDING ACHIEVEMENT IN THE PUBLIC HUMANITIES IN TWO CATEGORIES: "PHILANTHROPY AND LEADERSHIP" AND "SCHOLARSHIP AND SERVICE." THESE AWARDS ARE PRESENTED ANNUALLY TO TWO INDIVIDUALS OR ORGANIZATIONS WHOSE TIME AND TALENTS ENLARGE THE MEANING OF THE HUMANITIES IN OUR LIVES AND WHOSE WORK REFLECTS THE SPIRIT AND PROGRAMS OF HW. ADDITIONALLY, HW DELIVERS Schedule O (Form 990 or 990-EZ) (2014) Name of the organization HUMANITIES WASHINGTON

Employer identification number 51-0191115

HUMANITIES-RICH CONTENT VIA ITS REGULARLY UPDATED ONLINE MAGAZINE,

SPARKMAG.ORG; ITS MONTHLY E-DIGEST, SPARK 5; ITS BIANNUAL PRINT

PUBLICATION, SPARKPRINT; AND VIA SOCIAL MEDIA. THESE COMMUNICATIONS

HAVE A COMBINED ANNUAL READERSHIP OF OVER 54,000.

EXPENSES \$ 288,396. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

IT IS THE POLICY OF HUMANITIES WASHINGTON (HW) THAT ANY CONFLICT OF INTEREST, AS WELL AS THE APPEARANCE OF A CONFLICT OF INTEREST, IS TO BE AVOIDED BY HW TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES AND VOLUNTEERS IN ORDER TO MAINTAIN THE GOOD NAME, REPUTATION AND RELATIONSHIPS OF HW THAT ENABLE HW TO FULFILL ITS MISSION. ACCORDINGLY, NO HW TRUSTEE, COMMITTEE MEMBER, EMPLOYEE OR VOLUNTEER SHALL PARTICIPATE IN ANY CONSIDERATION AND/OR ACTION BY HW IN WHICH THERE IS AN ACTUAL CONFLICT OF INTEREST, OR THE APPEARANCE OF A CONFLICT OF INTEREST, OF THE INDIVIDUAL, DIRECTLY OR INDIRECTLY, INCLUDING THROUGH AN IMMEDIATE FAMILY MEMBER OR MEMBER OF THE INDIVIDUAL'S HOUSEHOLD. THESE POLICIES AND PROCEDURES HAVE BEEN CREATED TO AVOID CONFLICTS OF INTEREST WHILE STILL PERMITTING THE INDIVIDUAL TO SERVE OR TO BE EMPLOYED BY HW. ANY HW TRUSTEE, COMMITTEE MEMBER, EMPLOYEE OR VOLUNTEER WHO MAY HAVE A CONFLICT OF INTEREST OR A POTENTIAL CONFLICT OF INTEREST WITH REGARD TO A PARTICULAR MATTER FOR CONSIDERATION AND/OR ACTION BY HW SHALL (A) NOTIFY THE BOARD OF SUCH CONFLICT OR POTENTIAL CONFLICT OF INTEREST IN WRITING AND (B) SHALL NOT PARTICIPATE IN CONSIDERATION AND/OR

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HUMANITIES WASHINGTON 51-0191115 ACTION BY HW WITH REGARD TO THAT MATTER AS STATED BY THIS POLICY. INCLUDE, BUT ARE NOT LIMITED TO, AN INDIVIDUAL OR AN IMMEDIATE FAMILY MEMBER BEING A TRUSTEE, OFFICER, EMPLOYEE, CONSULTANT OR NOMINATOR OF A GRANT APPLICANT, AN AWARD NOMINEE, AN APPLICANT FOR SPONSORSHIP OR ENDORSEMENT BY A COLLABORATIVE PARTNERSHIP WITH HW, A POTENTIAL CONTRACTOR OR VENDOR, OR ANY OTHER ENTITY OR INDIVIDUAL WHICH MAY BENEFIT FROM CONSIDERATION OR ACTION BY HW. MOREOVER, THE EXECUTIVE COMMITTEE AND THE BOARD MUST BE PROVIDED WITH FULL INFORMATION ABOUT THE DISCLOSED RELATIONSHIP PRIOR TO CONSIDERATION AND/OR ACTION BY HW WITH REGARD TO THE PARTICULAR MATTER AFTER WHICH THE BOARD SHALL TAKE SUCH ACTION AS IT DEEMS NECESSARY TO ADDRESS THE CONFLICT AND PROTECT HW'S BEST INTERESTS. QUESTIONS AS TO WHETHER A CONFLICT OF INTEREST EXISTS SHALL BE DIRECTED TO THE EXECUTIVE COMMITTEE, WHICH SHALL DECIDE THE ISSUE. IN THE EVENT THAT CONFLICT IS REALIZED AFTER DISCUSSION HAS BEGUN, SUCH CONFLICT MUST BE DISCLOSED AS SOON AS IT BECOMES APPARENT AND THE PARTY WITH A CONFLICT OF INTEREST MUST ABSTAIN FROM FURTHER CONSIDERATION AND/OR ACTION IN THE VIOLATION OF THE STANDARDS IN THIS POLICY MAY RESULT IN REMOVAL MATTER. FROM THE BOARD, FROM OFFICE AND/OR FROM ANY COMMITTEE; DISCIPLINE UP TO AND INCLUDING TERMINATION OF EMPLOYMENT FOR EMPLOYEES, IN ACCORDANCE WITH THE POLICIES OF HW AS STATED IN THE EMPLOYEE HANDBOOK; AND/OR VOIDING OR CANCELLATION OF THE RELATED GRANT, AWARD, CONTRACT, OR OTHER TRANSACTION OR BENEFIT. A COPY OF THIS POLICY IS GIVEN TO ALL TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES AND VOLUNTEERS UPON COMMENCEMENT OF SUCH PERSON'S RELATIONSHIP WITH HW. EACH TRUSTEE, COMMITTEE MEMBER, EMPLOYEE OR VOLUNTEER SHALL SIGN AND DATE THE POLICY AT THE BEGINNING OF HIS OR HER TERM OF SERVICE OR EMPLOYMENT AND EACH YEAR THEREAFTER. FAILURE TO SIGN DOES NOT NULLIFY THE AGREEMENT.

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Name of the organization **Employer identification number HUMANITIES WASHINGTON** 51-0191115 FORM 990, PART VI, SECTION B, LINE 15: THE FOLLOWING PROCESS WAS LAST UNDERTAKEN MARCH 2015. THE BYLAWS OF HUMANITIES WASHINGTON ESTABLISH AN EXECUTIVE COMMITTEE THAT HAS GENERAL OVERSIGHT OF THE ORGANIZATION'S HUMAN RESOURCES PLAN. SPECIFIC DUTIES INCLUDE CONDUCTING AN ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR AND SETTING HIS/HER COMPENSATION. THE OBJECTIVE OF THIS POLICY IS TO DELINEATE THE PROCEDURE FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE MEETS INDEPENDENTLY OF THE EXECUTIVE DIRECTOR TO DISCUSS PERFORMANCE RELATIVE TO THE POSITION DESCRIPTION. BEFORE THE START OF THESE DELIBERATIONS, IN KEEPING WITH HUMANITIES WASHINGTON'S CONFLICT OF INTEREST POLICY, A CALL IS MADE FOR EXECUTIVE COMMITTEE MEMBERS TO RECUSE THEMSELVES IF THERE IS AN ACTUAL CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST OF THE INDIVIDUAL, DIRECTLY OR INDIRECTLY, INCLUDING THROUGH AN IMMEDIATE FAMILY MEMBER OR MEMBER OF THE INDIVIDUAL'S HOUSEHOLD. SHOULD ANY COMMITTEE MEMBER OR TRUSTEE HAVE A CONFLICT OF INTEREST OR A POTENTIAL CONFLICT OF INTEREST AS IT RELATES TO THIS MATTER, HE/SHE (A) SHALL NOTIFY THE EXECUTIVE COMMITTEE OF SUCH CONFLICT OR POTENTIAL CONFLICT IN WRITING AND (B) SHALL NOT PARTICIPATE IN ANY CONSIDERATION AND/OR ACTION BY THE EXECUTIVE COMMITTEE AS IT RELATES TO EXECUTIVE COMPENSATION. THESE DELIBERATIONS, THE EXECUTIVE COMMITTEE MAY CONSIDER INPUT OBTAINED FROM OTHER BOARD MEMBERS, STAFF, PROFESSIONAL ADVISORS, GRANT RECIPIENTS AND OTHER INFORMED COMMUNITY LEADERS. ONCE A CONSENSUS IS REACHED REGARDING PERFORMANCE, A SIMILAR DISCUSSION IS HELD CONCERNING COMPENSATION RELATIVE TO ANNUAL BENCHMARK AND ESTABLISHED OBJECTIVES. SALARY SURVEYS FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS SUCH AS THE BI ANNUAL UNITED WAY OF KING COUNTY WAGE & BENEFIT SURVEY AND THE ANNUAL COUNCIL STAFF SALARY REPORT PUBLISHED BY THE Schedule O (Form 990 or 990-EZ) (2014) Name of the organization **HUMANITIES WASHINGTON** **Employer identification number** 51-0191115

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

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

THE AFOREMENTIONED DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 1A:

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

Schedule O (Form 990 or 990-EZ) (2014)