

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2021

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

## A For the 2021 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization HUMANITIES WASHINGTON		<b>D</b> Employer identification number 51-0191115
	Doing business as		<b>E</b> Telephone number 206-682-1770
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	130 NICKERSON STREET SEATTLE, WA 98109		<b>G</b> Gross receipts \$ 2,993,814.
<b>F</b> Name and address of principal officer: COLLEEN ROZILLIS SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: WWW.HUMANITIES.ORG		If "No," attach a list. See instructions	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1973	<b>M</b> State of legal domicile: WA
<b>H(c)</b> Group exemption number ▶			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: HUMANITIES WASHINGTON OPENS MINDS AND BRIDGES DIVIDES BY CREATING SPACES TO EXPLORE DIFFERENT		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	22
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	13
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	30
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,090,487.	2,704,771.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,918.	36,656.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-24,611.	-42,120.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,110,794.	2,699,307.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	553,100.	1,027,139.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	898,598.	1,005,990.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 253,259.	26,321.	27,300.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	604,700.	619,593.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,082,719.	2,680,022.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	28,075.	19,285.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,874,322.	1,889,656.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	256,484.	178,805.
		1,617,838.	1,710,851.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	COLLEEN ROZILLIS, CHAIR Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name BRIAN YACKER	Preparer's signature BRIAN YACKER	Date 09/06/22	Check if self-employed <input checked="" type="checkbox"/> PTIN P00401346
	Firm's name ▶ BAKER TILLY US, LLP	Firm's address ▶ 18500 VON KARMAN AVE, 10TH FLOOR IRVINE, CA 92612	Firm's EIN ▶ 39-0859910	Phone no. 949.222.2999

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: HUMANITIES WASHINGTON OPENS MINDS AND BRIDGES DIVIDES BY CREATING SPACES TO EXPLORE DIFFERENT PERSPECTIVES. WE ENVISION A STATE WHERE ALL PEOPLE SEEK A DEEPER UNDERSTANDING OF OTHERS, THEMSELVES, AND THE HUMAN EXPERIENCE, IN ORDER TO DISCERN AND PROMOTE THE COMMON GOOD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,167,321. including grants of \$ 1,027,139. ) (Revenue \$ ) GRANTS PROGRAM - IN 2021, HW AWARDED OVER \$1 MILLION IN SHARP GRANTS (SUSTAINING THE HUMANITIES THROUGH THE AMERICAN RESCUE PLAN) TO 118 ORGANIZATIONS ACROSS THE ENTIRETY OF WASHINGTON STATE. FUNDING FOR THESE AWARDS WAS PROVIDED BY THE NATIONAL ENDOWMENT FOR THE HUMANITIES (NEH) AS PART OF THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP) TO HELP WASHINGTON STATE'S CULTURAL ORGANIZATIONS RESPOND TO AND RECOVER FROM THE EFFECTS OF THE CORONAVIRUS.

4b (Code: ) (Expenses \$ 275,089. including grants of \$ ) (Revenue \$ ) CULTURAL TRADITIONS - FOLKLIKE AND TRADITIONAL ARTS ARE EXPRESSIONS OF PEOPLES' HERITAGE AND ARE CRITICAL TO CULTURAL COMMUNITIES' HEALTH AND WELL-BEING. IN 2021, HW'S HERITAGE ARTS APPRENTICESHIP PROGRAM (HAAP) SERVED 16 MASTER/APPRENTICE PAIRS, PRESERVING IMPORTANT CULTURAL TRADITIONS, AND PROVIDING MENTORSHIP AND JOB SKILLS TO EMERGING PRACTITIONERS. IN ADDITION, A MULTI-SITE SURVEY INVOLVING NUMEROUS PROFESSIONALS AND COMMUNITY MEMBERS EXPLORED AND DOCUMENTED THE DIVERSE FOODWAYS PRESENT IN WASHINGTON.

4c (Code: ) (Expenses \$ 220,871. including grants of \$ ) (Revenue \$ ) FAMILY READING - HW'S PRIME TIME FAMILY READING PROGRAM ENCOURAGES SHARED CONNECTIONS AROUND BOOKS AND READING, BOOSTING LONG-TERM ACADEMIC ACHIEVEMENT, AND LASTING RELATIONSHIPS WITH LOCAL LIBRARIES. IN 2021, 580 CHILDREN AND PARENTS PARTICIPATED IN 84 EVENTS AT LIBRARIES IN ALL CORNERS OF THE STATE. 99% OF PARTICIPATING CHILDREN DEMONSTRATED INCREASED CONFIDENCE AROUND READING AND 90% HAD MORE POSITIVE ATTITUDES TOWARD READING, AND 91% OF FAMILIES REPORTED INCREASED FAMILY READING TIME.

4d Other program services (Describe on Schedule O.) (Expenses \$ 639,468. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,302,749.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
COLLEEN ROZILLIS - 206-682-1770
130 NICKERSON STREET, SUITE 304, SEATTLE, WA 98109

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE ZIEGLER CHIEF EXECUTIVE OFFICER	40.00			X			142,154.	0.	17,797.	
(2) SHELLEY SAUNDERS CHIEF RESOURCE DEVELOPMENT OFFICER	40.00					X	104,364.	0.	15,222.	
(3) ERIC SANDERS CHIEF FINANCIAL OFFICER	24.00			X			68,698.	0.	12,466.	
(4) XAVIER CAVAZOS DEI CHAIR	3.00	X		X			0.	0.	0.	
(5) MARY PEMBROKE PERLIN DEVELOPMENT CHAIR	3.00	X		X			0.	0.	0.	
(6) DAVID POWERS CHAIR	3.00	X		X			0.	0.	0.	
(7) JOE ROSS TREASURER & SECRETARY	3.00	X		X			0.	0.	0.	
(8) COLLEEN ROZILLIS CHAIR-ELECT	3.00	X		X			0.	0.	0.	
(9) SHANDY ABRAHAMSON DIRECTOR	1.00	X					0.	0.	0.	
(10) JULIETA ALTAMIRANO-CROSBY DIRECTOR	1.00	X					0.	0.	0.	
(11) RENE BACA DIRECTOR	1.00	X					0.	0.	0.	
(12) ANNMARIE CANO DIRECTOR	1.00	X					0.	0.	0.	
(13) ANDREW CHANSE DIRECTOR	1.00	X					0.	0.	0.	
(14) PETER DANELO DIRECTOR	1.00	X					0.	0.	0.	
(15) ERIC DAVIS DIRECTOR	1.00	X					0.	0.	0.	
(16) KAREN FRASER DIRECTOR	1.00	X					0.	0.	0.	
(17) BETSY GODLEWSKI DIRECTOR	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BETH HUDSON DIRECTOR	1.00	X						0.	0.	0.
(19) DAN LAMBERTON DIRECTOR	1.00	X						0.	0.	0.
(20) ERIC LAWSON DIRECTOR	1.00	X						0.	0.	0.
(21) TAMMY MILLER DIRECTOR	1.00	X						0.	0.	0.
(22) MARK MIYAKE DIRECTOR	1.00	X						0.	0.	0.
(23) CLARENCE MORIWAKI DIRECTOR	1.00	X						0.	0.	0.
(24) BRAD RICHARDSON DIRECTOR	1.00	X						0.	0.	0.
(25) CARLI SCHIFFNER DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								315,216.	0.	45,485.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								315,216.	0.	45,485.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	74,208.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	2,495,974.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	134,589.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,038.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		2,704,771.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		28,452.		28,452.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities		257,108.		
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	248,904.			
	<b>c</b>	Gain or (loss)	<b>7c</b>	8,204.			
	<b>d</b>	Net gain or (loss)		8,204.		8,204.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 74,208. of contributions reported on line 1c). See Part IV, line 18		<b>8a</b>	2,396.			
			<b>8b</b>	45,603.			
<b>c</b>	Net income or (loss) from fundraising events			-43,207.		-43,207.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19		<b>9a</b>				
			<b>9b</b>				
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances		<b>10a</b>				
			<b>10b</b>				
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS	900099	1,087.		1,087.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d			1,087.		
<b>12</b>	<b>Total revenue.</b> See instructions			2,699,307.	0.	0.	-5,464.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,027,139.	1,027,139.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	241,115.	174,272.	40,368.	26,475.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	595,415.	446,267.	16,472.	132,676.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,889.	24,650.	910.	7,329.
<b>9</b> Other employee benefits .....	67,878.	50,874.	1,878.	15,126.
<b>10</b> Payroll taxes .....	68,693.	51,485.	1,900.	15,308.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	28,127.		28,127.	
<b>d</b> Lobbying .....	10,000.		10,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17	27,300.			27,300.
<b>f</b> Investment management fees .....	8,584.		8,584.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	31,662.	24,626.	3,518.	3,518.
<b>12</b> Advertising and promotion .....	77,290.	76,770.	513.	7.
<b>13</b> Office expenses .....	55,134.	44,793.	2,241.	8,100.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	51,769.	38,581.	3,206.	9,982.
<b>17</b> Travel .....	284.	51.	177.	56.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	28.		28.	
<b>20</b> Interest .....	213.		213.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	9,854.	7,664.	1,095.	1,095.
<b>23</b> Insurance .....	4,892.	3,739.	619.	534.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> CULTURAL TRADITIONS	133,841.	133,841.		
<b>b</b> FAMILY READING PROGRAM	69,196.	69,196.		
<b>c</b> SPEAKER BUREAU PROGRAM	51,593.	51,593.		
<b>d</b> DUES AND FEES	48,430.	38,512.	4,165.	5,753.
<b>e</b> All other expenses _____	38,696.	38,696.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,680,022.	2,302,749.	124,014.	253,259.
<b>26</b> 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)

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	452.	<b>1</b>	6,981.
	<b>2</b> Savings and temporary cash investments .....	549,692.	<b>2</b>	320,572.
	<b>3</b> Pledges and grants receivable, net .....	94,027.	<b>3</b>	221,338.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	26,448.	<b>9</b>	48,276.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 156,012.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 150,054.	15,808.	<b>10c</b> 5,958.
	<b>11</b> Investments - publicly traded securities .....	1,179,620.	<b>11</b>	1,281,324.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	8,275.	<b>15</b>	5,207.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,874,322.	<b>16</b>	1,889,656.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	69,821.	<b>17</b>	68,794.
	<b>18</b> Grants payable .....	13,500.	<b>18</b>	89,500.
	<b>19</b> Deferred revenue .....	13,808.	<b>19</b>	19,499.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	153,906.	<b>24</b>	
	<b>25</b> 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 .....	5,449.	<b>25</b>	1,012.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	256,484.	<b>26</b>	178,805.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	876,534.	<b>27</b>	912,591.
	<b>28</b> Net assets with donor restrictions .....	741,304.	<b>28</b>	798,260.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,617,838.	<b>32</b>	1,710,851.
<b>33</b> Total liabilities and net assets/fund balances .....	1,874,322.	<b>33</b>	1,889,656.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,699,307.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,680,022.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,285.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,617,838.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	73,728.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,710,851.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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:  
 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, 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 on Schedule O.
- 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? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

<b>Name of the organization</b> HUMANITIES WASHINGTON	<b>Employer identification number</b> 51-0191115
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,184,375.	1,679,299.	1,634,417.	2,083,548.	2,709,667.	9,291,306.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,184,375.	1,679,299.	1,634,417.	2,083,548.	2,709,667.	9,291,306.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						9,291,306.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	1,184,375.	1,679,299.	1,634,417.	2,083,548.	2,709,667.	9,291,306.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	19,336.	22,604.	24,180.	20,559.	28,452.	115,131.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	13,485.	19,724.	2,664.	1,462.	1,087.	38,422.
<b>11 Total support.</b> Add lines 7 through 10						9,444,859.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.37 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	98.15 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization

HUMANITIES WASHINGTON

Employer identification number

51-0191115

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  HUMANITIES WASHINGTON	Employer identification number  51-0191115
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**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	<hr/> <hr/> <hr/>	\$ 1,859,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 303,646.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 207,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  HUMANITIES WASHINGTON	Employer identification number  51-0191115
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  HUMANITIES WASHINGTON	Employer identification number  51-0191115
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>HUMANITIES WASHINGTON</b>	Employer identification number <b>51-0191115</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 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's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		100.
<b>e</b> Publications, or published or broadcast statements?	X		250.
<b>f</b> Grants to other organizations for lobbying purposes?	X		28,802.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		9,322.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			38,474.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV Supplemental Information**

Provide 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 II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES

AT THE FEDERAL LEVEL, HW'S LOBBYING ACTIVITIES INCLUDE ATTENDANCE BY SOME

BOARD MEMBERS AND STAFF AT THE ANNUAL HUMANITIES ON THE HILL EVENT EACH

MARCH, A CONGRESSIONAL ADVOCACY EFFORT OF THE FEDERATION OF STATE

HUMANITIES COUNCILS (FSHC) IN SUPPORT OF THE NATIONAL ENDOWMENT FOR THE

HUMANITIES. A PORTION OF HW'S ANNUAL DUES TO THE FSHC IS USED TO ADVOCATE

**Part IV** Supplemental Information *(continued)*

TO CONGRESS ON BEHALF OF THE 56 STATE AND JURISDICTIONAL HUMANITIES  
COUNCILS. AT THE STATE LEVEL, SOME HW BOARD MEMBERS AND STAFF PARTICIPATE  
IN THE WASHINGTON STATE LEGISLATURE'S HERITAGE CAUCUS. SOME HW BOARD  
MEMBERS AND STAFF ALSO MAKE PERIODIC VISITS TO SELECTED FEDERAL AND STATE  
LEGISLATORS IN SUPPORT OF FEDERAL AND STATE FUNDING FOR THE HUMANITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting requirements for public service. 1b: Reporting requirements for public service with amounts. 2: Reporting requirements for financial gain with amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	451,586.	404,957.	342,722.	364,959.	317,967.
b Contributions					
c Net investment earnings, gains, and losses	52,862.	46,628.	62,235.	-22,237.	46,992.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	504,448.	451,585.	404,957.	342,722.	364,959.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  52.0000 %
  - c Term endowment  48.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		23,706.	23,706.	0.
d Equipment		132,306.	126,348.	5,958.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,958.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE	638.
(3) DEFERRED RENT	374.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,012.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,768,771.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	73,728.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	4,320.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	78,048.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,690,723.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	8,584.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	8,584.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,699,307.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,675,758.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	4,320.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,320.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,671,438.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	8,584.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	8,584.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,680,022.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

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

PART X, LINE 2:

HW IS A NONPROFIT CORPORATION AS DEFINED IN INTERNAL REVENUE CODE SECTION 501(C)(3) AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE. A PROVISION FOR INCOME TAXES HAS NOT BEEN RECORDED, BECAUSE HW HAD NO BUSINESS INCOME UNRELATED TO ITS EXEMPT ACTIVITIES DURING THE YEARS ENDED DECEMBER 31, 2021 AND 2020.





**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
KERI HEALEY - 13717 LINDEN AVE N, SUITE 203, SEATTLE, WA	GRANT WRITING		X	127,000.	27,078.	99,922.
<b>Total</b>				127,000.	27,078.	99,922.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

WA

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		BEDTIME STORIES (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	76,604.			76,604.
	<b>2</b> Less: Contributions .....	74,208.			74,208.
	<b>3</b> Gross income (line 1 minus line 2) .....	2,396.			2,396.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	8,000.			8,000.
	<b>7</b> Food and beverages .....	2,396.			2,396.
	<b>8</b> Entertainment .....	4,581.			4,581.
	<b>9</b> Other direct expenses .....	30,626.			30,626.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				45,603.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-43,207.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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?  Yes  No

**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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- 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 ▶ \$ \_\_\_\_\_

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?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: KERI HEALEY

(I) ADDRESS OF FUNDRAISER:

13717 LINDEN AVE N, SUITE 203, SEATTLE, WA 98133



**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
206 ZULU 153 14TH AVE SEATTLE, WA 98122	27-0807517	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
9TH AND 10TH HORSE CAVALRY BUFFALO SOLDIERS MUSEUM - 1940 S WILKESON - TACOMA, WA 98405	37-1660458	501(C)(3)	7,500.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
ARBUTUS FOLK SCHOOL 610 4TH AVE E OLYMPIA, WA 98501	46-3046450	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
ASOTIN COUNTY LIBRARY FOUNDATION 417 SYCAMORE ST CLARKSTON, WA 99403	26-2683583	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
BAINBRIDGE ISLAND MUSEUM OF ART 550 WINSLOW WAY E BAINBRIDGE ISLAND, WA 98110	27-0183255	501(C)(3)	7,500.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
BELLEVUE ARTS MUSEUM 510 BELLEVUE WAY NE BELLEVUE, WA 98004	91-6028261	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 101.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUSHWICK NORTHWEST 2207 S HANFORD ST SEATTLE, WA 98144	46-4592767	501(C)(3)	6,200.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
CASCADIA COLLEGE 18345 CAMPUS WAY NE BOTHELL, WA 98011	91-2010540	GOV	10,000.	0.			COVID RECOVERY FUNDS
CASCADIA POETICS LAB 9030 SEWARD PARK AVE S #213 SEATTLE, WA 98118	91-1618296	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
CELTIC ARTS FOUNDATION PO BOX 1342 MOUNT VERNON, WA 98273	91-1878785	501(C)(3)	5,109.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
CENTRAL WASHINGTON UNIVERSITY 400 E UNIVERSITY WAY ELLENSBURG, WA 98926	91-6000618	GOV	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
CENTRO CULTURAL MEXICANO 7945 GILMAN ST REDMOND, WA 98052	83-3001688	501(C)(3)	15,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
CHILDREN'S MUSEUM OF SKAGIT COUNTY 432 FASHION WAY BURLINGTON, WA 98233	91-2081180	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
CLARK COUNTY HISTORICAL SOCIETY & MUSEUM - 1511 MAIN ST - VANCOUVER, WA 98660	91-6055341	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
COASTAL INTERPRETIVE CENTER 1033 CATALA AVE SE OCEAN SHORES, WA 98569	91-1985912	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

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COLUMBIA PACIFIC HERITAGE MUSEUM 115 SE LAKE ST ILWACO, WA 98624	91-1217397	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
CONFLUENCE 1109 E 5TH ST VANCOUVER, WA 98661	75-3008926	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
COWLITZ COUNTY HISTORICAL SOCIETY & MUSEUM - 405 ALLEN ST - KELSO, WA 98626	23-7049683	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
CWU - EL CENTRO LATINX EL CENTRO BLACK HALL 101 ELLENSBURG, WA 98926	91-6000618	GOV	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
DENSHO: JAPANESE AMERICAN LEGACY PROJECT - 1416 S JACKSON ST - SEATTLE, WA 98144	91-2164150	501(C)(3)	15,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
DESERT FIBER ARTS 101 NORTH UNION, STE 208 RICHLAND, WA 99352	91-0950742	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
EVERETT MUSEUM OF HISTORY 2939 COLBY AVE EVERETT, WA 98206	91-6058397	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
EVERETT PUBLIC LIBRARY 2702 HOYT AVE EVERETT, WA 98201	91-6001248	GOV	9,212.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
FORT VANCOUVER REGIONAL LIBRARY FOUNDATION - PO BOX 2384 - VANCOUVER, WA 98668	91-1456753	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

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FORT WALLA WALLA MUSEUM 755 MYRA RD WALLA WALLA, WA 99362	91-6070983	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
FOSS WATERWAY SEAPORT 705 DOCK ST TACOMA, WA 98402	91-1741794	501(C)(3)	15,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
GONZAGA UNIVERSITY 502 E BOONE AVE SPOKANE, WA 99202	91-0236600	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
GRIEF DIALOGUES 1107 1ST AVE APT 907 SEATTLE, WA 98101	81-3403538	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
HARBOR HISTORY MUSEUM 4121 HARBORVIEW DR GIG HARBOR, WA 98332	23-7440330	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
HEDGEBROOK PO BOX 1231 FREELAND, WA 98249	80-0012629	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
HERITAGE UNIVERSITY 3240 FORT RD TOPPENISH, WA 98948	91-1160585	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
HISTORIC WHIDBEY 82 S EBEBY RD COUPEVILLE, WA 98239	46-3720372	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
HISTORICAL SOCIETY OF SEATTLE & KING COUNTY - 860 TERRY AVE N - SEATTLE, WA 98109	91-1505627	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

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HOLOCAUST CENTER FOR HUMANITY 2045 2ND AVE SEATTLE, WA 98121	91-1464233	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
HUONG VIET PERFORMING ARTS GROUP 919 128TH ST SW EVERETT, WA 98204	91-2161361	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
IMAGINE CHILDREN'S MUSEUM 1502 WALL ST EVERETT, WA 98201	94-3153591	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
ISSAQUAH HISTORY MUSEUMS 165 SE ANDREWS ST ISSAQUAH, WA 98027	23-7425589	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
JACK STRAW FOUNDATION 4261 ROOSEVELT WAY NE SEATTLE, WA 98105	91-0776606	501(C)(3)	7,500.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
JEFFERSON COUNTY HISTORICAL SOCIETY - 540 WATER ST - PORT TOWNSEND, WA 98368	91-6013489	501(C)(3)	7,500.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
KIDSQUEST CHILDREN'S MUSEUM 1116 108TH AVE NE BELLEVUE, WA 98004	91-1828830	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
KITSAP COUNTY HISTORICAL SOCIETY MUSEUM - 280 4TH ST - BREMERTON, WA 98337	91-6049044	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
KITTTITAS COUNTY HISTORICAL SOCIETY 280 4TH ST BREMERTON, WA 98337	91-6049044	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

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KMRE RADIO PO BOX 2723 BELLINGHAM, WA 98227	82-5093305	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
KUOW 4518 UNIVERSITY WAY NE STE 310 SEATTLE, WA 98105	91-2079402	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
LIVING VOICES 600 N 36TH ST STE 221 SEATTLE, WA 98103	94-3164871	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
LOOK, LISTEN AND LEARN 100 ANDOVER PARK W, STE 150-121 TUKWILA, WA 98188	87-1974554	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS
MAKE.SHIFT 306 FLORA ST BELLINGHAM, WA 98225	26-2871326	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
MAPLE VALLEY CREATIVE ARTS COUNCIL 23220 MV HWY SE, STE 15 MAPLE VALLEY, WA 98038	91-1980307	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
MASON COUNTY HISTORICAL SOCIETY 427 W RAILROAD AVE SHELTON, WA 98584	91-6176074	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
METHOW ARTS ALLIANCE 109 2ND AVE SUITES B/C TWISP, WA 98856	91-1207629	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
METHOW VALLEY INTERPRETIVE CENTER PO BOX 771 TWISP, WA 98856	91-1626127	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

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MIRROR STAGE COMPANY 5129 2ND AVE NW SEATTLE, WA 98119	91-2145441	501(C)(3)	9,960.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
MOSES LAKE MUSEUM & ART CENTER 401 S BALSAM ST MOSES LAKE, WA 98837	91-6007721	501(C)(3)	9,983.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
MUSEUM OF POP CULTURE (MOPOP) 325 5TH AVE N SEATTLE, WA 98109	91-1626784	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
MUSIC FUSIAN NW 14701 NE 5TH AVE VANCOUVER, WA 98685	84-2088187	501(C)(3)	7,500.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
NORDIC MUSEUM 2655 NW MARKET ST SEATTLE, WA 98107	91-1107537	501(C)(3)	15,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
NORTHEAST WASHINGTON COMMUNITY RADIO GUILD - 214 E CLAY AVE STE 107 - CHEWELAH, WA 99109	27-1854945	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
NORTHERN KITTITAS COUNTY HISTORICAL SOCIETY - 302 W 3RD - CLE ELUM, WA 98922	94-3091028	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
NORTHWEST AFRICAN AMERICAN MUSEUM 2300 S MASSACHUSETTS ST SEATTLE, WA 98144	76-0835379	501(C)(3)	15,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
NORTHWEST MUSEUM OF ARTS AND CULTURE - 2316 W 1ST AVE - SPOKANE, WA 99201	91-6000186	501(C)(3)	15,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

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NORTHWEST RAILWAY MUSEUM 9312 STONE QUARRY RD SNOQUALMIE, WA 98065	91-6054975	501(C)(3)	15,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
ORCAS CENTER 917 MT BAKER RD EASTSOUND, WA 98245	91-0930009	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
ORQUESTA NORTHWEST 2839 NW 73RD ST SEATTLE, WA 98117	83-3348856	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
PIONEER FARM MUSEUM 7716 OHOP VALLEY ROAD E EATONVILLE, WA 98328	91-1011245	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
POLSON PARK & MUSEUM HISTORICAL SOCIETY - 1611 RIVERSIDE AVE - HOQUIAM, WA 98550	91-0969501	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
PORT ANGELES FINE ARTS CENTER 1203 E LAURIDSEN BLVD PORT ANGELES, WA 98362	94-3029546	501(C)(3)	7,500.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
PORT GAMBLE S'KLALLAM FOUNDATION 31912 LITTLE BOSTON RD NE KINGSTON, WA 98366	91-1145489	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
POULSBO HISTORICAL SOCIETY PO BOX 844 POULSBO, WA 98370	91-1550524	501(C)(3)	6,715.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
QUILLISASCUT EDUCATION FOUNDATION 2409 PLEASANT VALLEY RD RICE, WA 99167	27-2868229	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

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RACHEL CORRIE FOUNDATION FOR PEACE AND JUSTICE - 203 E 4TH AVE STE 402 - OLYMPIA, WA 98501	02-0686783	501(C)(3)	7,250.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
SCARECROW VIDEO 5030 ROOSEVELT WAY NE SEATTLE, WA 98105	47-1050656	501(C)(3)	7,500.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
SEATTLE LATINO FILM FESTIVAL 1424 24TH AVE SEATTLE, WA 98122	45-5363567	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
SHAFER HISTORICAL MUSEUM 285 CASTLE AVE WINTHROP, WA 98862	91-9900012	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
SKAGIT RIVER POETRY PROJECT 18388 S WESTVIEW RD MOUNT VERNON, WA 98274	91-0923099	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
SOUND THEATRE COMPANY 909 NE 43RD ST #205 SEATTLE, WA 98105	61-1663804	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
SOUTH SOUND READING FOUNDATION 305 COLLEGE ST NE LACEY, WA 98516	91-2091907	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
SPOKANE ARTS PO BOX 978 SPOKANE, WA 99201	91-0998745	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
SPOKANE PUBLIC RADIO 2319 N MONROE ST SPOKANE, WA 99205	23-7097524	501(C)(3)	15,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

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SPOKANE VALLEY HERITAGE MUSEUM 12114 E SPRAGUE SPOKANE VALLEY, WA 99206	01-0602585	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
STEILACOOM HISTORICAL MUSEUM ASSOCIATION - 1801 RAINIER ST - STEILACOOM, WA 98388	91-6176075	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
STEILACOOM TRIBAL CULTURAL CENTER & MUSEUM - 1515 LAFAYETTE ST - STEILACOOM, WA 98388	91-6186977	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
TACOMA HISTORICAL SOCIETY 406 TACOMA AVE S TACOMA, WA 98402	91-3146516	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
TASVEER 1826 247 PL NE REDMOND, WA 98074	20-0886886	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
THE FAMILY GUIDE 10922 E 47TH AVE SPOKANE VALLEY, WA 99206	26-0223132	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
THE HISTORIC TRUST 750 ANDERSON ST VANCOUVER, WA 98661	91-1937645	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
THE RHAPSODY PROJECT 815 SEATTLE BLVD S UNIT 215 SEATTLE, WA 98134	87-3845851	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS
THORP MILL TOWN HISTORICAL PRESERVATION SOCIETY - 11640 N THORP HWY - THORP, WA 98946	91-1386607	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

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TIETON ARTS AND HUMANITIES PO BOX 369 TIETON, WA 98947	26-0587575	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
VILLAGE THEATRE 303 FRONT ST N ISSAQUAH, WA 98027	91-1077130	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
VOICES OF THE CHILDREN 407 S 1ST ST MOUNT VERNON, WA 98273	47-5524012	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
WASHINGTON MUSEUM ASSOCIATION PO BOX 10633 YAKIMA, WA 98909	91-1239975	501(C)(3)	7,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
WASHINGTON STATE HISTORICAL SOCIETY - 1911 PACIFIC AVE - TACOMA, WA 98402	91-6000557	501(C)(3)	15,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
WASHINGTON STATE UNIVERSITY 1505 NW ARCADIA DR PULLMAN, WA 99163	91-6001108	GOV	10,000.	0.			COVID RECOVERY FUNDS
WASHINGTON TRUST FOR HISTORIC PRESERVATION - 1204 MINOR AVE - SEATTLE, WA 98101	91-0983680	501(C)(3)	7,500.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
WASHINGTON'S NATIONAL PARK FUND 1904 3RD AVE STE 400 SEATTLE, WA 98101	01-0869799	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
WENATCHEE VALLEY MUSEUM AND CULTURAL CENTER - 127 S MISSION - WENATCHEE, WA 98801	91-6054055	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHATCOM READS 5205 NORTHWEST DR BELLINGHAM, WA 98226	46-0957574	501(C)(3)	6,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
WINDOW SEAT MEDIA 209 4TH AVE E, STE 209 OLYMPIA, WA 98501	81-1200465	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
WING LUKE MUSEUM OF THE ASIAN PACIFIC AMERICAN EXPERIENCE - 719 S KING ST - SEATTLE, WA 98104	91-6067431	501(C)(3)	15,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
WOW CHINA 3328 E 24TH SPOKANE, WA 99223	82-2326334	501(C)(3)	7,500.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)
YAKIMA VALLEY MUSEUM 2105 TIETON DR YAKIMA, WA 98902	91-0828572	501(C)(3)	10,000.	0.			COVID RECOVERY FUNDS AS PROVIDED BY THE AMERICAN RESCUE PLAN ACT OF 2021 (ARP)

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT FUNDING IS AWARDED ONLY TO PROJECTS AND ORGANIZATIONS LOCATED IN THE

STATE OF WASHINGTON OR BENEFITING THOSE LIVING IN WASHINGTON STATE. FUNDED

PROJECTS ARE EXPECTED TO ADHERE TO THE BUDGET AND PROGRAM COMPONENTS

DETAILED IN THE GRANT APPLICATION. ALL GRANTS ARE TRACKED IN HW'S DATABASE.

HW STAFF AND BOARD PERIODICALLY ATTEND PROJECT EVENTS AND PERFORM SITE

VISITS. ONCE PROJECTS ARE COMPLETED, FINAL EVALUATIONS AND BUDGETS ARE

REQUIRED FROM GRANTEEES, AND EXPENSES AND COST SHARE ARE REVIEWED BY HW

STAFF.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUMANITIES WASHINGTON

Employer identification number  
51-0191115

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIE ZIEGLER CHIEF EXECUTIVE OFFICER	(i)	140,595.	0.	1,559.	8,508.	9,289.	159,951.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

HUMANITIES WASHINGTON

Employer identification number

51-0191115

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

PERSPECTIVES. OUR PROGRAMS ENCOURAGE AUDIENCES OF ALL AGES AND

BACKGROUNDS FROM ACROSS THE STATE TO SEEK A MORE NUANCED UNDERSTANDING

OF OUR COLLECTIVE HISTORY AND CURRENT ENVIRONMENT SO COMMUNITIES CAN

THRIVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPEAKERS BUREAU - DRAWING FROM A VETTED POOL OF LEADING CULTURAL

EXPERTS AND SCHOLARS, OUR SPEAKERS BUREAU PROVIDES CONVERSATIONAL

LECTURES THAT ARE FREE AND OPEN TO THE PUBLIC. TOPICS ARE AS DIVERSE AS

THE COMMUNITIES THEY SERVE, WITH 34 SPEAKERS COVERING HISTORY,

POLITICS, MUSIC, PHILOSOPHY, AND MORE. IN 2021, OVER 10,000 PEOPLE

ATTENDED 204 PRESENTATIONS. PARTICIPANTS OVERWHELMINGLY INDICATED THAT

EVENTS SPARKED MEANINGFUL CONVERSATIONS AND HELPED THEM CONSIDER NEW

PERSPECTIVES.

OTHER PROGRAM SERVICES - BIG THINK EVENTS ENGAGE AND INSPIRE AUDIENCES

WITH CONTEXT AND NEW PERSPECTIVES FROM SCHOLARS ON CURRENT EVENTS. THE

WASHINGTON STATE POET LAUREATE BUILDS AWARENESS OF AND APPRECIATION FOR

THE RICH LEGACY OF POETRY IN WASHINGTON STATE. MORE INFORMATION ON ALL

PROGRAMS AND ACCOMPLISHMENTS CAN BE FOUND AT [WWW.HUMANITIES.ORG](http://WWW.HUMANITIES.ORG).

EXPENSES \$ 639,468. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE - THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, THE

CHAIR-ELECT, THE SECRETARY/TREASURER, AND TWO ELECTED OFFICERS-AT-LARGE. NO

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

Schedule O (Form 990) 2021

Name of the organization HUMANITIES WASHINGTON	Employer identification number 51-0191115
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TRUSTEE SHALL BE ELIGIBLE TO SERVE MORE THAN TWO CONSECUTIVE ELECTED TERMS

IN ONE AND THE SAME OFFICE. MEETINGS OF THE EXECUTIVE COMMITTEE MAY BE

CALLED BY THE CHAIR. THE EXECUTIVE COMMITTEE, SUBJECT TO THE GUIDANCE,

DIRECTION, AND CONTROL OF THE TRUSTEES AND THE LIMITATIONS SET FORTH IN THE

BYLAWS, SHALL HAVE AND EXERCISE THE AUTHORITY OF HUMANITIES WASHINGTON IN

THE MANAGEMENT OF HUMANITIES WASHINGTON'S BUSINESS WHICH INCLUDES: (A)

OVERSEEING THE AFFAIRS OF HUMANITIES WASHINGTON BETWEEN ITS MEETINGS,

PROVIDED THAT ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE BE REPORTED TO

HUMANITIES WASHINGTON'S BOARD AT ITS NEXT MEETING; (B) AUTHORIZING

EMERGENCY ACTION; (C) CALLING HUMANITIES WASHINGTON BOARD MEETINGS WHEN

NECESSARY; (D) MAKING RECOMMENDATIONS TO HUMANITIES WASHINGTON'S BOARD; AND

(E) CONDUCTING AN ANNUAL EVALUATION OF THE WORK OF THE CHIEF EXECUTIVE

OFFICER AND SETTING HIS/HER ANNUAL COMPENSATION.

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

A COPY OF THE ORGANIZATION'S FORM 990 IS PROVIDED TO ALL TRUSTEES. THE

FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990.

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

ALL TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES, AND VOLUNTEERS UNDERSTAND THAT

THE PURPOSES OF A CONFLICT OF INTEREST POLICY ARE TO PROTECT THE INTEGRITY

OF HW'S DECISION-MAKING PROCESS, TO ENABLE HW'S CONSTITUENCIES TO HAVE

CONFIDENCE IN HW'S INTEGRITY, AND TO PROTECT THE INTEGRITY AND REPUTATIONS

OF TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES, AND VOLUNTEERS.

UPON OR BEFORE ELECTION, HIRING OR APPOINTMENT, ALL TRUSTEES, COMMITTEE

MEMBERS, EMPLOYEES, AND VOLUNTEERS MAKE A FULL, WRITTEN DISCLOSURE OF

INTERESTS, RELATIONSHIPS, AND HOLDINGS THAT COULD POTENTIALLY RESULT IN A

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

CONFLICT OF INTEREST. THIS WRITTEN DISCLOSURE IS KEPT ON FILE AND IS

UPDATED ANNUALLY, OR AS APPROPRIATE.

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

ACTIVELY AND DILIGENTLY AVOID CONFLICTS OF INTEREST, BALANCING THE

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

THE OTHER. THIS INCLUDES AVOIDING POTENTIAL AND ACTUAL CONFLICTS OF

INTEREST, AS WELL AS PERCEPTIONS OF CONFLICTS OF INTEREST.

IN THE COURSE OF MEETINGS OR ACTIVITIES, ALL TRUSTEES, COMMITTEE MEMBERS,

EMPLOYEES, AND VOLUNTEERS ARE ASKED TO DISCLOSE ANY INTERESTS IN A

TRANSACTION OR DECISION WHERE THEY (INCLUDING THEIR BUSINESS OR OTHER

NONPROFIT AFFILIATIONS), THEIR FAMILY AND/OR SIGNIFICANT OTHER, EMPLOYER,

OR CLOSE ASSOCIATES WILL RECEIVE A BENEFIT OR GAIN, FINANCIAL OR OTHERWISE.

AFTER DISCLOSURE, THEY MAY BE ASKED, OR ELECT, TO LEAVE THE ROOM FOR

DISCUSSION AND ARE ALWAYS ASKED TO ABSTAIN FROM ANY DECISION OR VOTE ON THE

MATTER.

THERE MAY ARISE SITUATIONS IN WHICH A CONFLICT OF INTEREST TRANSACTION MAY

BE IN THE BEST INTERESTS OF HW. HW MAY ENGAGE IN THE TRANSACTION ONLY IF

ALL THE FOLLOWING CONDITIONS ARE MET PRIOR TO THE TRANSACTION:

THE PROPOSED TRANSACTION IS FAIR AND REASONABLE TO HW.

HW PROPOSES TO ENGAGE IN THE TRANSACTION FOR ITS OWN PURPOSES AND

BENEFITS AND NOT FOR THE BENEFIT OF ANY TRUSTEE(S), COMMITTEE MEMBER(S),

EMPLOYEE(S), AND/OR VOLUNTEER(S).

THE PROPOSED TRANSACTION IS THE MOST BENEFICIAL ARRANGEMENT WHICH HW

COULD OBTAIN IN THE CIRCUMSTANCES WITH REASONABLE EFFORTS.

THE MINUTES OF ANY MEETING AT WHICH SUCH A DECISION IS TAKEN WILL RECORD



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THE NATURE OF THE AFFILIATION AND THE MATERIAL FACTS DISCLOSED.

IN BETWEEN COMMITTEE AND FULL BOARD MEETINGS ANY QUESTION AS TO WHETHER A

CONFLICT OF INTEREST EXISTS AND HOW IT SHOULD BE ADDRESSED SHALL BE

DIRECTED TO AND DECIDED BY THE EXECUTIVE COMMITTEE.

FINALLY, ALL TRUSTEES, COMMITTEE MEMBERS, EMPLOYEES, AND VOLUNTEERS

UNDERSTAND THAT THIS POLICY IS MEANT TO SUPPLEMENT GOOD JUDGMENT, AND THEY

RESPECT ITS SPIRIT AS WELL AS ITS WORDING.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BYLAWS OF HW ESTABLISH AN EXECUTIVE COMMITTEE THAT HAS GENERAL

OVERSIGHT OF THE ORGANIZATION'S HUMAN RESOURCES PLAN. SPECIFIC DUTIES

INCLUDE CONDUCTING AN ANNUAL EVALUATION OF THE CHIEF EXECUTIVE OFFICER

(CEO) AND SETTING HIS/HER COMPENSATION. THE EXECUTIVE COMMITTEE CURRENTLY

FOLLOWS THE EXECUTIVE COMPENSATION POLICY APPROVED BY THE BOARD, WHICH

ARTICULATES THE FOLLOWING PROCESS SHOULD BE FOLLOWED.

THE EXECUTIVE COMMITTEE MEETS INDEPENDENTLY OF THE CEO TO DISCUSS

PERFORMANCE RELATIVE TO THE POSITION DESCRIPTION.

BEFORE THE START OF THESE DELIBERATIONS, IN KEEPING WITH HW'S CONFLICT OF

INTEREST POLICY, A CALL IS MADE FOR EXECUTIVE COMMITTEE MEMBERS TO RECUSE

THEMSELVES IF THERE IS AN ACTUAL CONFLICT OF INTEREST OR THE APPEARANCE OF

A CONFLICT OF INTEREST OF THE INDIVIDUAL, DIRECTLY OR INDIRECTLY, INCLUDING

THROUGH AN IMMEDIATE FAMILY MEMBER OR MEMBER OF THE INDIVIDUAL'S HOUSEHOLD.

SHOULD ANY COMMITTEE MEMBER OR TRUSTEE HAVE A CONFLICT OF INTEREST OR A

POTENTIAL CONFLICT OF INTEREST AS IT RELATES TO THIS MATTER, HE/SHE (A)

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SHALL NOTIFY THE EXECUTIVE COMMITTEE OF SUCH CONFLICT OR POTENTIAL CONFLICT

IN WRITING AND (B) SHALL NOT PARTICIPATE IN ANY CONSIDERATION AND/OR ACTION

BY THE EXECUTIVE COMMITTEE AS IT RELATES TO EXECUTIVE COMPENSATION.

DURING THESE DELIBERATIONS, THE EXECUTIVE COMMITTEE MAY CONSIDER INPUT

OBTAINED FROM OTHER BOARD MEMBERS, STAFF, PROFESSIONAL ADVISORS, GRANT

RECIPIENTS, AND OTHER INFORMED COMMUNITY LEADERS.

ONCE A CONSENSUS IS REACHED REGARDING PERFORMANCE, A SIMILAR DISCUSSION IS

HELD CONCERNING COMPENSATION RELATIVE TO ANNUAL BENCHMARKS AND ESTABLISHED

OBJECTIVES. SALARY SURVEYS FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE

POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS ARE USED TO DETERMINE

COMPENSATION BENCHMARKS FOR THE POSITION.

THE EXECUTIVE COMMITTEE WILL BRIEF THE FULL BOARD OF ITS FINDINGS AND

RECOMMENDATIONS IN AN EXECUTIVE SESSION WITHOUT THE CEO PRESENT.

THE EXECUTIVE COMMITTEE AND/OR THE BOARD CHAIR (A MEMBER OF THE COMMITTEE)

THEN MEET WITH THE CEO TO DISCUSS AND DOCUMENT IN WRITING HIS/HER

ACCOMPLISHMENTS, AREAS FOR IMPROVEMENT, AND GOALS FOR THE UPCOMING YEAR.

COMPENSATION FOR THE UPCOMING YEAR IS ALSO DISCUSSED AND DOCUMENTED.

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

AVAILABLE ON HW'S WEBSITE

([HTTPS://WWW.HUMANITIES.ORG/ABOUT-US/FINANCIAL/](https://www.humanities.org/about-us/financial/)) AND UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

