Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

Jackson, Morgan & Hunt, PLLC 4123 California AVE SW, Suite 101 PO Box 16720 Seattle, WA 98116

August 6, 2015

Southwest Seattle Historical Society 3003 61st Ave. S.W. Seattle, WA 98116 Attention: Clay Eals - Director

Dear Clay:

Enclosed is the organization's 2014 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

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

Please review the return for completeness and accuracy.

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

Your copy of the return was uploaded to your Jackson, Morgan, & Hunt secure portal at https://portal.cchaxcess.com You should download or print a copy for your permanent files.

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

Scott Hunt Certified Public Accountant

	***** THIS IS NOT A FILEABLE COPY *****		
Form 8879-EO	for an Exempt Organization		OMB No. 1545-1878
	For calendar year 2014, or fiscal year beginning, 2014, and ending,	20	2014
Department of the Treasury	Do not send to the IRS. Keep for your records.		
	Information about Form 8879-EO and its instructions is at www.irs.gov/form88	379eo. Employer	identification number
Name of exempt organization			
Instruction set (1) Instruction set (1)<			
	Return and Return Information (Whole Dollars Only)		
		om the ret	urn. If you check the box
on line 1a, 2a, 3a, 4a, or 5 whichever is applicable, bl	a, below, and the amount on that line for the return being filed with this form was blank,	then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	94,238.
	ere b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check	here 🕨 🔲 b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check he	ere b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Dort II Declarat	ion and Signature Authorization of Officer		
intermediate service provid (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in: 1-888-353-4537 no later th processing of the electron payment. I have selected a organization's consent to of Officer's PIN: check one	der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce- pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an I institution account indicated in the tax preparation software for payment of the organiz stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic re electronic funds withdrawal.	the IRS ar ssing the electronic ation's fed Treasury institutions d resolve is	Ind to receive from the IRS return or refund, and (c) funds withdrawal (direct leral taxes owed on this Financial Agent at is involved in the ssues related to the if applicable, the
X I authorize JA		to enter n	.,
	ERO firm name		Enter five numbers, but do not enter all zeros
is being filed wit enter my PIN on As an officer of t indicated within program, I will er	h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut the return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 2014 this return that a copy of the return is being filed with a state agency(ies) regulating char ther my PIN on the return's disclosure consent screen.	horize the electronica	aforementioned ERO to ally filed return. If I have
Part III Certifica	tion and Authentication		
	your five-digit self-selected PIN. 91507398116		
	ng this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF		

ERO's signature 🕨

Date 🕨

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

LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14 Form 8879-EO (2014)

14380806 728626 332312-001 2014.03050 SOUTHWEST SEATTLE HISTORICA 332312-1

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Form	330	,

EXTENDED TO AUGUST 17, 2015

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.



AF	or the 2	2014 calendar year, or tax year beginning and	ending		
B c	Check if pplicable:	C Name of organization		D Employer identific	cation number
	Address change	SOUTHWEST SEATTLE HISTORICAL SOCIETY			
	Name change	Doing business as		91-1	297010
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	3003 61ST AVE. S.W.			938.5293
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	111,339.
	Amende return	SEATTLE, WA JOITO		H(a) Is this a group re	
	Applica-	F Name and address of principal officer: MARCY JOHNSEN		for subordinates	? Yes X No
	pending	3003 61ST AVE. S.W., SEATTLE, WA 9811		H(b) Are all subordinates in	cluded? Yes No
		npt status: 🗴 501(c)(3) 🔄 501(c) () ┥ (insert no.) 🦲 4947(a)(1)	or 527		list. (see instructions)
		wWW.LOGHOUSEMUSEUM.INFO		H(c) Group exemption	
		rganization: X Corporation Trust Association Other	L Year	of formation: 1984 N	State of legal domicile: WA
Pa		Summary			
Activities & Governance	1 B S	riefly describe the organization's mission or most significant activities: \underline{TO} MSEATTLE HISTORY.	ALN'I'AL	N RECORDS O	F' SW
erné	2 C	check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
Ň	3 N	lumber of voting members of the governing body (Part VI, line 1a)			10
ي م		lumber of independent voting members of the governing body (Part VI, line 1b)			10
es	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)			3
iviti		otal number of volunteers (estimate if necessary)			110
Act		otal unrelated business revenue from Part VIII, column (C), line 12			6.
	b N	let unrelated business taxable income from Form 990-T, line 34	·····		0.
				Prior Year	Current Year
an		contributions and grants (Part VIII, line 1h)		34,462. 546.	71,890. 505.
Revenue		Program service revenue (Part VIII, line 2g)		0.	505. 6.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		23,462.	21,837.
		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		58,470.	94,238.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		arants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		41,199.	49,842.
sea	160 D	rataries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0.	<u> </u>
Expenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)	37.		
ŭ	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,940.	41,693.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		54,139.	91,535.
		evenue less expenses. Subtract line 18 from line 12		4,331.	2,703.
or				ginning of Current Year	End of Year
Assets or d Balances	20 T	otal assets (Part X, line 16)		944,077.	946,172.
d Ba		otal liabilities (Part X, line 26)		1,950.	1,342.
Fund		let assets or fund balances. Subtract line 21 from line 20		942,127.	944,830.
Pa		Signature Block			
Und	or popalti	ion of parium. I declare that I have examined this return, including accompanying scheduly	e and statem	ante and to the best of m	knowledge and belief it is

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

Sign Here	Signature of officer MARCY JOHNSEN, PRESIDE Type or print name and title	ENT	Date
Paid	Print/Type preparer's name SCOTT HUNT	Preparer's signature	Date PTIN 08/07/15 Self-employed P00221885
Preparer	Firm's name 🕞 JACKSON, MORGAN	& HUNT, PLLC	Firm's EIN 91-1744210
Use Only	Firm's address 4123 CALIFORNIA SEATTLE, WA 9811		Phone no. (206) 932-1314
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No
432001 11-0	17-14 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2014)

Т

If "Yes," describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? □ Y 11 "Yes," describe these changes on Schedule 0. 0 Describe the organization's program service accompliahments for each of its three largest program services, as measured by expension revenue, if any, for each program service reported. 1 "Yes," describe the organization's program service accompliahments for each of its three largest program services, as measured by expension is and program service accompliahments for each of its three largest program services, as measured by expension is an iteration of the structure of any for each program service reported. 4a Cost:) (forenes: 37, 091. 4a Cost:) (forenes: 0 "WORK"), COMPOSED OF EIGHT DISPLAY PHASE ONE ("LAND"), COMPOSED OF EIGHT DISPLAY DISPLAYED THROUGH THE REST OF ZOLAL HISTORY EXCERPTS. PHASI WAS DISPLAYED THROUGH THE REST OF ZOLAL HISTORY EXCERPTS. PHASI WAS DISPLAYED THROUGH THE REST OF ZOLAL HISTORY EXCERPTS IDE STORTES: WORK" EXHIBIT ON OCT. 24, 2014, FEATURING THE YE OLDE CURICS: WORK" EXHIBIT ON OCT. 24, 2014, FEATURING THE YE OLDE STORTES: WORK" EXHIBIT ON OCT. 24, 2014, FEATURING THE YE OLDE STORTES: WORK" EXHIBIT ON OCT. 24, 2014, FEATURING THE YE OLDE STORTES AND WAS RESPONSIBLE FOR PLACING THE FIRST OF THREE TOTEM POLES AT BELVEDERE VIEW POINT PARK IN THE ADMIRAL DISTRICT. 4b (cost:) (ferences	10 Pa
1 Birletly describe the organizations mission: TO PROMOTE HERITAGE IN THE LOCAL COMMUNITY THROUGH EDUCATION, PRESERVATION, AND ADVOCACY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2 \verticestample verticestample vertice	
2 Did the organization undertake any significant program services during the year which were not listed on the pror Form 990 or 990-E72	
the prior Form 980 or 990-E27	
If "Ves," describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? □ Y If "Ves," describe these changes on Schedule 0. 0 4 Describe the organization is program service accomplishments for each of its three largest program services, as measured by expensive, if any, for each program service reported. 1 (New Net	
If 'Yes,' describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(63) and 501(64) and service reported. 4 Come:) (foregrams are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program services and program service reported. 4 (Come:) (foregrams are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program services and program services (Describe Phase TWO) ("WORK"), COMPOSED OF EIGHT DISPLJ A THREE-PHASE EXHIBIT CALLED "TELLING OUR WESTSIDE STORTES.' ON MU 15, 2014, WE DEBUTED PHASE TWO ("WORK"), COMPOSED OF EIGHT DISPLJ CASES, A LARGE VIDEO VIEWING STATION AND A FOCUS AREA (INITIAL SUL UNCOR STREEL), PROVIDING A TOTAL OF 500 RTAL-HISTORY EXCERPTS, PHASI WAS DISPLAYED THROUGH THE REST OF 2014. THE EXHIBIT CASES AND MORE THAT DONORS. WE OPENED A NEW FOCUS AREA OF OUR "TELLING OUR WESTSIDE STORTES: WORK" EXHIBIT ON OCT. 24, 2014, PEATURING THE YE OLDE CURIOSITY SHOP, WHOSE FONDERDE, JOSSEPH STANDLEY, LIVED IN WESTSED STORTES: WORK "EXHIBIT ON OCT. 24, 2014, PEATURING THE YE OLDE CURIOSITY SHOP, WHOSE FONDLERS, ANDLES SEX AND WAS RESPONSIBLE FOR PLACING THE FIRST OF THREE TOTEM POLES AT BELVEDERE VIEW POINT PARK IN THE ADMIRAL DISTRICT. 45 (Code:)(Expenses)(Revenue s)(Revenue s	Yes X
Secton 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service reported. (Gode:	Yes X
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²²⁰⁰² 1-07-14 SEE SCHEDULE O FOR CONTINUATION(S) 2	

Form	aan	(2014)	
FOUL	990	(2014)	

Part IV Checklist of Required Schedules

SOUTHWEST SEATTLE HISTORICAL SOCIETY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8	x	
9	Schedule D, Part III	0		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	~	x
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		- 23
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
12	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		- 27
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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га				
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b				
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	—		<u> </u>
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u>⊢</u> ,		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		00		L

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a ()		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (<u>)</u>		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	\square	
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	_		
b					
	amounts due or received from them.)	11b	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	\vdash	
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	-		
С	Enter the amount of reserves on hand	13c			177
			14a	──	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	le O	14b	1	1

SOUTHWEST SEATTLE HISTORICAL SOCIETY

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SOUTHWEST SEATTLE HISTORICAL SOCIETY

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

Sec	Check if Schedule O contains a response or note to any line in this Part VI			
500	Alon A. doverning body and Management		Yes	Г
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	0		t
	If there are material differences in voting rights among members of the governing body, or if the governing			l
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			I
b		0		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-		2		l
3		·		
Ū		3		
4				
5		·		
6		·		
1a		70		
h		. <u>/a</u>		
b		71		
~		. /D		
8			x	1
а	The governing body?	. <u>8a</u>	X	
		. 80		
9				
		. 9		
ec	Stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
_			Yes	
		. 10a		
b				
		11a	X	
			X	
		. 12b	X	
С				
	in Schedule O how this was done	. 12c	X	
13	Did the organization have a written whistleblower policy?	13		
4	Did the organization have a written document retention and destruction policy?	. 14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a		
b	Other officers or key employees of the organization	. 15b		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	-		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
ec				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WA			
8) availal	ole	
		,		
9		nd finar	ncial	
-				
20				
	LOG HOUSE BOOKKEEPER - 206-938-5293			
2200		Form	n 900	
200	_	1011		1
80	officer, director, trustee, or key employee? 2 1 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 1 Did the organization make any significant changes to its governing documents since the prior FOrm 990 was filed? 4 1 Did the organization have members, stockholders? 6 2 Did the organization have members, stockholders? 6 3 Did the organization have members, stockholders? 7 4 Did the organization comemporaneously document the meetings held or written actions undertaken during the year by the following: 7 5 Did the organization comemporaneously document the meetings held or written actions undertaken during the year by the following: 7 6 Description of file organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 9 Each committee with authority to act on behalf of the governing body? 8 10 Be convince on the organization network or key employee listed in Part VII, Soction A, who cannot be reached at the organization network or key employee listed in Part VII, Soction A, who cannot be reached at the organization network or the organization network or the organization network organis and networe on the organization network organization			,

()

(E)

Part VII	Co	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and Independe	ent Contra	ctors			

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

(R)

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

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

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

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

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

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

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

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

(C)

(ח)

(E)

X Check this box if neither the organization no	or any related	organization compensat	ed any current officer,	director, or trustee
(A)	(D)	(0)		(E)

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation compensation		amount of			
	week	<u> </u>	cer ar	nd a d	lirecto	or/trus	itee)	from	from related	other
	(list any	ector			the	organizations	compensation			
	hours for	or din				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			en sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loyee	e com				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	pul	lns	0	Key	Higen	Ъŗ			
(1) MARCY JOHNSEN	6.00									•
PRESIDENT		X		X				0.	0.	0.
(2) RON ARANT	6.00									
TREASURER		X		Х				0.	0.	0.
(3) ALAN PETERSON	3.00									
TRUSTEE		X						0.	0.	0.
(4) TIA HALLBERG	6.00									
VICE PRESIDENT		X		X				0.	0.	0.
(5) KERRY KORSGAARD	3.00									
TRUSTEE		X						0.	0.	0.
(6) NANCY SORENSEN	3.00									
TRUSTEE		x						0.	0.	0.
(7) BONNIE GROMLICH	3.00									
TRUSTEE		x						0.	0.	0.
(8) INEZ LINDSEY	3.00							•		
TRUSTEE		x						0.	0.	0.
(9) DORA FAYE HENDRICKS	3.00							•••		
TRUSTEE		x						0.	0.	0.
(10) DAVE MONTOURE	3.00			-						
TRUSTEE	5.00	x						0.	0.	0.
(11) PEDER NELSON	3.00			-					•	<u>.</u>
TRUSTEE	5.00	x						0.	0.	0.
		^		-		-		0.	0.	0.
				<u> </u>						
		1								
		1								
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									L SOCIETY	91-129	<u>7010</u>	Pa	age 8	
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	Average Positio (do not check mor box, unless person					one h an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	fi org an	compensation from the organization and related organizations		
					4									
	Sub-total Total from continuation sheets to Part VI								0.	0			0.	
	Total (add lines 1b and 1c)		_						0.	0			0.	
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100),000 of reportable			0	
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se								•		3	Yes	No X	
4	For any individual listed on line 1a, is the su	im of reportab	le co	ompe	ensa	atior	n and	d otł	ner compensation from	the organization			37	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat		idual for services	4		x x	
Sec	tion B. Independent Contractors	piele Schedul	eji	or st	icn j	Ders	<u>son .</u>				5			
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							· ·	sation	from		
	(A) Name and business			ONE		VILLI			(B) Description of s		(Compe	c)	0	
		address	INC		<u>د</u>				Description of a		Compe	11541101		
	Total number of independent contractors (ot li	nita	d + ~	tha	so l'			aoro than				
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz		IOT III	nite	u 10		se II: D	sied	above, who received h		_	000		
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	Form 990 (2014) SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1297010						
Pa	rt V						
_		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 ;	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	I	Membership dues 1b	5,614.				
An (Fundraising events 1c	64,956.				
Gif		d Related organizations 1d					
sins,		e Government grants (contributions)					
utio	1	All other contributions, gifts, grants, and	1 2 2 0				
trib Ott		similar amounts not included above	<u>1,320.</u> <u>1,320.</u>				
ou		Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		71,890.			
0.0			Business Code				
e	2	MUSEUM PROGRAM	900099	505.	505.		
∍ ric		D					
Sel							
am eve	(d b					
Program Service Revenue	(9					
ā	1	All other program service revenue					
	9	g Total. Add lines 2a-2f		505.			
	3	Investment income (including dividends, intere		6.		6.	
		other similar amounts)		0.	×	0.	
	4	Income from investment of tax-exempt bond p		314.	314.		
	5	Royalties(i) Real	(ii) Personal	514.	514.		
	6	a Gross rents	(II) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 8	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	I	b Less: cost or other basis					
		and sales expenses					
		Gain or (loss)	>				
ne		d Net gain or (loss)	····· •				
Other Revenue		including \$ 27,527. of					
Re		contributions reported on line 1c). See Part IV, line 18 a	32,910.				
her	,	b Less: direct expenses b	14,795.				
ō		Net income or (loss) from fundraising events	<u> </u>	18,115.			18,115.
		a Gross income from gaming activities. See		,			
		Part IV, line 19 a					
	I	b Less: direct expenses b					
	(Net income or (loss) from gaming activities	►				
	10 ;	a Gross sales of inventory, less returns					
		and allowances a	5,714.				
		b Less: cost of goods sold b		2 400	2 400		
		Net income or (loss) from sales of inventory		3,408.	3,408.		
	11 :		Business Code				
						<u> </u>	
		d All other revenue					
		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions.		94,238.	4,227.	6.	18,115.
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JeCl	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		12 880	16 800	15 050
7	Other salaries and wages	45,748.	13,770.	16,728.	15,250.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4 004	1 200	2 9 2 5	
10	Payroll taxes	4,094.	1,269.	2,825.	
11	Fees for services (non-employees):				
	Management				
		1 200		1 200	
	Accounting	1,200.		1,200.	
d	, , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	981.		981.	
12	Advertising and promotion	501.			
13 14	Office expenses				
14 45	Information technology				
15 16	Royalties	15,429.	15,429.		
16 17	Occupancy	15,125.	15,125.		
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22 23		2,814.		2,814.	
23 24	Other expenses. Itemize expenses not covered	_,			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MUSEUM PROGRAM EXPENSES	6,623.	6,623.		
b	GRANT EXPENSE	4,004.	•		4,004.
c	SUPPLIES	3,498.		815.	2,683.
d	COMMUNICATIONS	3,372.		3,372.	• -
	All other expenses	3,772.		3,772.	
25	Total functional expenses. Add lines 1 through 24e	91,535.	37,091.	32,507.	21,937.
26	Joint costs. Complete this line only if the organization			· · · · · · · · · · · · · · · · · · ·	-
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2014)

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11 2014.03050 SOUTHWEST SEATTLE HISTORICA 332312-1

SOUTHWEST SEATTLE HISTORICAL SOCIETY

91-1297010 Page 11

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	28,953.
	2	Savings and temporary cash investments			2	11,511.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensation	ted employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit	ied persons (as defined unde	r		
		section 4958(f)(1)), persons described in section	ng			
		employers and sponsoring organizations of sect				
ŝts		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
◄	8	Inventories for sale or use			8	5,713.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	742,947.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line -			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	157,048. 946,172.
	16	Total assets. Add lines 1 through 15 (must equa			16	1,342.
	17	Accounts payable and accrued expenses				1,342.
	18	Grants payable		18		
	19 20	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
<i>"</i>	21 22	Escrow or custodial account liability. Complete F			21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ilidi		Complete Part II of Schedule L			22	
Li	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay			<u> </u>	
		parties, and other liabilities not included on lines				
		Schedule D			25	
	26			1,950.	26	1,342.
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an	d 34.			
nc	27	Unrestricted net assets			27	
3alé	28	Temporarily restricted net assets			28	
1 pu	29				29	
Fund Balances		Organizations that do not follow SFAS 117 (As	SC 958), check here 🕨 🗴			
ŗ		and complete lines 30 through 34.			<u>^</u>	
sets	30	Capital stock or trust principal, or current funds		30	0.	
As	31	Paid-in or capital surplus, or land, building, or eq			31	0.
Net Assets or	32	Retained earnings, endowment, accumulated in			32	944,830.
-	33	Total net assets or fund balances			33	944,830.
	34	Total liabilities and net assets/fund balances			34	946,172.
						Form 990 (2014)

Part X Balance Sheet

Form 990 (2014)

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	990 (2014) SOUTHWEST SEATTLE HISTORICAL SOCIETY	91-129	7010	Paç	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
					~ ~		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	94	1,2	38.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			35.		
3	Revenue less expenses. Subtract line 2 from line 1	3			03.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	942	2,1	27.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		0.4		20		
De	column (B))	10	944	£,8	30.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Cash Other						
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis				х		
a	Were the organization's financial statements audited by an independent accountant?		2b		л		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	le basis,					
	consolidated basis, or both:						
-							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review or committee that assumes responsibility for oversight of the		0				
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
25	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•	20		х		
L	Act and OMB Circular A-133?		3a				
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, organization did not undergo the required audit or audits.		3b				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		30	200	(2014)		

Form **990** (2014)

432012 11-07-14

SCI	HED	ULE	Α

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
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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.

OMB No. 1545-0047
2014
Open to Public

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

Nam	e of t	he organization							identification number	
			HWEST SEAT	TLE HISTORIC	AL SO	CIETY		9	1-1297010	
Pa	rtl	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	e instructions	i.		
The o	organ	ization is not a private found	lation because it is:	(For lines 1 through 11, c	check only	one box.)				
1	Ľ	A church, convention of ch			-	-	I)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative		-	ection 170)(b)(1)(A)(ii	ii).			
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	or the benefit of a co	llege or university owne	d or operat	ted by a g	overnmental u	nit describ	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	Illy receives a substa	Intial part of its support f	irom a gov	ernmental	unit or from th	ne general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9	Х	An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	nd gross receipts from	
		activities related to its exen								
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).			
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform t	the functio	ons of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section \$	509(a)(2).	See section 5	09(a)(3). C	heck the box in	
		lines 11a through 11d that	describes the type of	of supporting organizatio	n and com	nplete lines	s 11e, 11f, and	l 11g.		
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	ving	
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supportin	g organization operated	in connec ⁻	tion with, a	and functional	ly integrate	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organi	zation(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a disti	ribution re	quirement and	l an attenti	veness	
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D,	and Part	V .			
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III		
		functionally integrated, or		nally integrated support	ing organiz	zation.				
		er the number of supported of	•							
g		vide the following information i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of	monoton	(vi) Amount of	
	(organization	(II) EIN	(III) Type of organization (described on lines 1-9	listed i	n your	(v) Amount of support	-	(vi) Amount of other support (see	
		organization		above or IRC section	governing o		Instructio		Instructions)	
				(see instructions))	Yes	No		,	,	

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

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014

Concadio	<u> </u>	•	<u></u>
Part II	Γ		9

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.)

Calendar year (of fixel year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organ- ization's benefit and ether paid to or oxpended on its behaff 3 The value of services or facilities 4 Total. Additions of the set through a governmental unit to the organization without charge 4 Total. Additions of the set through 3 The value of services or facilities by each person (other than a governmental unit or publicly supported organization included on line 1 thraces. The second 25 of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from similars. dividends, payments received on second the same degination in (b) 6 Public support. States the string to assets (Explain In Part VI). 9 Met income from unitarest, dividends, payments received on second the same deginate of the reganization of the state of advites, etc. (see instructions) 12 Gross receipant from unitarest, dividends, payments received on second the state of advites, etc. (see instructions) 12 Gross receipant from unitarest, dividends, payments received on second the state of advites, etc. (see instructions) 12 Gross receipant from advites, etc. (see instructions) 12 Gross receipant from advites, etc. (see instructions) 13 First the years. If the Form 90b is for the organization's first, second, third, foruth, or fifth tax years as section 501(c)(3) organization, etc. the organization of advites, etc. (see instructions) 14 Divide support tes - 2014 (the to contactions) 15 Gross receipant the received on advites apport tes - 2014 (the to contactions) 15 Total support tes - 2014 (the to contactions) 16 Advites support tes - 2014 (the to contactions) 17 Total support tes - 2014 (the to contactions) 18 Private formations etc. the contaction of advites, abox on line 13, field, or the, and line 14 is 33 1/3% or more, check this box and advites here. The organization did not check a	See	ction A. Public Support						
ambership fees received. (Do not include any Pursusal grants)	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Include any "unusual grants."	1	Gifts, grants, contributions, and						
2 Tar versues levid for the organization is behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge is trained by a governmental unit to the organization without charge is an increase of the services or facilities is through 3 5 The portion of total contributions by each person (offer than a government) unit or publicly supported organization is behalf in the contributions of the services of the servic		membership fees received. (Do not						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		more, and if the organization meets th	ne "facts-and-circu	ımstances" test, c	heck this box and	d stop here. Explai	n in Part VI how t	he
		organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶∐
	18	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17	7b, check this box		

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1297010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	30,670.	38,674.	47,354.	33,903.	71,269.	221,870.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20,637.	5,219.	3,856.	4,813.	6,533.	41,058.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	51,307.	43,893.	51,210.	38,716.	77,802.	262,928.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						262,928.
	Public support (Subtract line 7c from line 6.)			_			202,920.
		() 0010	(1) 0011	() 0010	(1) 0010	() 004 ((0 T)
	endar year (or fiscal year beginning in)	(a)2010 51,307.	(b) 2011 43,893.	(c) 2012 51,210.	(d) 2013 38,716.	(e) 2014 77, 802.	(f) Total 262,928.
	Amounts from line 6	51,507.	43,055.	51,210.	50,710.	77,002.	202,920.
102	dividends, payments received on securities loans, rents, royalties and income from similar sources	1.		708.		6.	715.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	1.		708.		6.	715.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	51,308.	43,893.	51,918.	38,716.	77,808.	263,643.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here			<u></u>	-		>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	99.73 %
	Public support percentage from 2013					16	99.71 _%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	14 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.27 %
	Investment income percentage from					18	.29 %
19a	a 33 1/3% support tests - 2014. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation	► X
k	33 1/3% support tests - 2013. If the	organization did n	ot check a box on	line 14 or line 19a	i, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	>
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				15			

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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16

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

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	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
Sec	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2		uctions	Yes	No
ے a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
a	the supported organization(s) to which the organization was responsive? 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.	20		
h		2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b	0 ==	0011
43202	5 09-17-14 Schedule A (Form 99 17	90 or 99	U-EZ)	2014
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
nstructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
ncome tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
	Vet short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or sollection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) n B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly cash balances Fair market value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other actors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Vet value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Multiply line 5 by .035 Recov	Net short-term capital gain 1 Recoveries of prior-year distributions 2 Depreciation and depletion 3 Add lines 1 through 3 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 n B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see nstructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Fotal (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other actors (explain in detail in Part VI): 3 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Vet value of non-exempt-use assets (subtract line 4 from line 3) 5	wet short-term capital gain 1 Recoveries of prior-year distributions 2 Ther gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or sollection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Ther expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 n B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly cash balances 1 Tar market value of other non-exempt-use assets 1 Fortal (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other actors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Dash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, eige instructions). 4 Wetaulue of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6

instructions).

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Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 SOUTHWEST SEATTLE HISTORICAL SOCIETY 91 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 61	v Type III Non-Functionally integrated bus	value supporting Orga	anizations (continued)	
Secti	on D - Distributions		·	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
C				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u> </u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h			
0	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
<u> </u>				
 b				
	Excess from 2013			
	Excess from 2014			
-				

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

Part VI	(Form 990 or 990-E Supplementa					91-1297010 Pag a or 17b; and Part III, line 12.
		s part for any additi			,,	
	•			,		
				1		

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

Employer identification number

lame of the organization SOUTHWEST SEATTLE HISTORICAL SOCIETY	Employer identification number 91-1297010
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	
	Accounts.Complete II the
organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cor	
impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or education)	ally important land area
Protection of natural habitat	historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
day of the tax year.	
	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	ganization during the tax
year ►	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	Yes 🗌 No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements durin	g the year 🕨
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	year > \$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	4)(B)(i)
and section 170(h)(4)(B)(ii)?	Yes 🛛 No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	
include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statemen	t and balance sheet works of art,
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service, provide, in Part XIII,
the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement an	d balance sheet works of art, historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
relating to these items:	
(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial ga	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	· •
	▶ \$
a Revenue included in Form 990, Part VIII, line 1	
a Revenue included in Form 990, Part VIII, line 1	

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		ST SEATTLE				91-12			je 2
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	t use of its	collectior	items	
	(check all that apply):								
а	X Public exhibition	d		hange programs					
b	Scholarly research	е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's co					oose in Par	t XIII.		
5	During the year, did the organization solicit o						7	37	
Der	to be sold to raise funds rather than to be ma						Yes	X	No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" t	o Form 99	0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa								
1 a	Is the organization an agent, trustee, custod						7	X	
	on Form 990, Part X?					L	Yes		NO
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			1	•		
							Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance Did the organization include an amount on F						Yes		No
	-				• • • • • •	L		H	NO
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								
1 41		(a) Current year	(b) Prior year	(c) Two years back		vears back	(a) Four	veare h	ack
10	Reginning of year balance	11,511.	11,511.	11,511		7,154.		-	000.
b	Beginning of year balance				•	4,357.			
	Contributions					1,007.		•,1	
	Grants or scholarships								
d	Other expenditures for facilities								
e									
f	and programsAdministrative expenses								
	End of year balance	11,511.	11,511.	11,511		11,511.		7 1	54.
g 2	Provide the estimated percentage of the cur				•	,		•,-	
	Board designated or quasi-endowment	rent year end balanc	%						
b	Permanent endowment	%							
	Temporarily restricted endowment	%							
U	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
39	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organ	ization			
ou	by:				the organ	ization	Г	Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations								Х
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the							I	
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" to Form 990,	, Part IV, line 11a. S	ee Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or ot	í í	í	Accumulat	ted	(d) Book	value	
	1	basis (investm	• • •		epreciatio		.,,		
1 a	Land								
	Buildings		054.				733	3,05	4.
	Leasehold improvements								
	Equipment		893.				9	,89	3.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)			742	2,94	7.
-									

Schedule D (Form 990) 2014

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	(Form 990) 2014	SOUTHWEST	SEATTLE	HISTOR	ICAL	SOCIE	ТҮ	91-1297010	Page 3
Part VII	Investments -	Other Securities.							
		anization answered "Ye		Part IV, line					
(a) Descrip	tion of security or categ	OTY (including name of security) (b) Boo	ok value	(c)	Method of v	aluation: Cost o	or end-of-year market	value
(1) Financia	al derivatives								
(2) Closely-	held equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
) must equal Form 990	, Part X, col. (B) line 12.) 🕨	•						
		Program Related.							
		anization answered "Yes	a" to Earm 990	Part IV line	110 500	Eorm 000	Part V lina 13		
	(a) Description of i	investment		k value	(c)	Method of v	aluation: Cost o	or end-of-year market	value
(1)	(4) 2000		(17) 200		(-)				
(1)			-						
(2)									
(3)									
(4)			_						
(5)									
(6)									
(7)									
(8)									
(9)									
		, Part X, col. (B) line 13.) 🕨	►						
Part IX	Other Assets.								
	Complete if the orga	anization answered "Ye		Part IV, line	11d. See	e Form 990,	Part X, line 15.	1	
			a) Description					(b) Book va	
		ARTIFACTS &	EXHIBI'	rs				22	,820.
(2) PR	OGRAM MATE	RIALS						134	,228.
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	mn (b) must equal Fo	rm 990, Part X, col. (B) I	line 15.)					▶ 157	,048.
Part X	Other Liabilitie		,						
		anization answered "Ye	s" to Form 990.	Part IV. line	11e or 1 ⁻	1f. See Form	990. Part X. lin	e 25.	
1.		scription of liability			(b) Book				
	eral income taxes	, ,			. ,				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Colu	mn (b) must equal Fo	rm 990, Part X, col. (B) I	line 25.)	🕨					
2. Liability	for uncertain tax pos	itions. In Part XIII, provi	de the text of t	ne footnote to	o the org	anization's f	inancial stateme	ents that reports the	
organiza	ation's liability for unc	ertain tax positions unc	ler FIN 48 (ASC	; 740). Check	here if t	he text of th	e footnote has b	been provided in Part	
								Schedule D (Form 9	90) 2014

91-1297010 Page 3

Sche	edule D (Form 990) 2014 SOUTHWEST SEATTLE HISTORICAL SO	CIETY 91-1	1297010 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per Returr	ı.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements Wi	th Expenses per Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е			
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

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

PART III, LINE 4:

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

THE WEST SEATTLE AREA.

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SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1297010 Part I Fundraising Activities. Complete if the organization answered "Yes" to 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. e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants g Special fundraising events d In-person solicitations g Special fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Did (iii) Did (iii) Did (iv) Amount paid (v) Amount paid	Department of the Treasury Internal Revenue Service	Complete if the o	ntal Information Regarding e organization answered "Yes" to F rganization entered more than \$19 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	orm 9 5,000 (or Foi	90, P on Fo rm 99	art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19,	or if the	OMB No. 1545-0047
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 g Special fundraising events d In-person solicitations 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? b If "Yes," list the ten 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) Activity (iii) Did fundraiser have custod of contributions? (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (v) Amount paid to (or retained by) organization	Name of the organization	SOUTHWE	ST SEATTLE HISTORI	CAL	SO	CIETY			
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations Phone solicitations Phone solicitations 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual (iii) Activity (iii) Did fundraiser for mactivity from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization				red "Y	es" to	Form 990, Part IV, li	ine 17	7. Form 990-E	Z filers are not
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity from activity listed in col. (i) (v) Arritourit parti- to (or retained by) organization	 a Mail solicitation b Internet and en c Phone solicitat d In-person solici 2 a Did the organization l key employees listed b If "Yes," list the ten h 	ns nail solicitations ions itations have a written o in Form 990, Pa ighest paid indi	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	ion of fundra (incluc rofessi	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	¥€	
	.,		(ii) Activity	have cu	ustody	• •	tò (c	r retained by fundraiser	to (or retained by)
				Yes					
Total ▶ 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.	3 List all states in which					s or has been notified	d it is	exempt from	 registration

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 Schedule G (Form 990 or 990 EZ) 2014
 SOUTHWEST
 SEATTLE
 HISTORICAL
 SOCIETY
 91-1297010
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and g	1		-	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA LUNCH	(avent type)	(total number)	- col. (c))
an			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	60,437.			60,437.
	2	Less: Contributions	27,527.			27,527.
\square	3	Gross income (line 1 minus line 2)	32,910.			32,910.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	13,613.			13,613.
ā	8	Entortainmont				
	9	Entertainment Other direct expenses	4 4 4 4 4 4			1,182.
	10				•	14,795.
	11					18,115.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	1 990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
_	1	Gross revenue				
SES	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
	_					
		ter the state(s) in which the organization cond the organization licensed to conduct gaming a		atataa?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses i Yes," explain:			/ear?	Yes No
209	2 00	3-28-14			Schedule G (Eo	orm 990 or 990-EZ) 2014
-00	00					

Sch	edule G (Form 990 or 990-EZ) 2014 SOUTHWEST SEATTLE HISTORICAL SOCIETY 91-1	1297010	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
а	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 ▶\$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	I is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	Ves	No
h	retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	100	
~	organization's own exempt activities during the tax year > \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	lines 9, 9b, 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	, ,	, ,
4320	83 08-28-14 Schedule G (Forr	m 990 or 990)-EZ) 2014
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Dout IV	(Form 990 or 990-EZ)	SOUTHWEST formation (continued)	SEATTLE	HISTORICAL	SOCIETY	91-1297010	Page 4
Part IV	Supplemental Inf	ormation (continued)					
						Schedule G (Form 990 or	990-E
32084 5-01-14				28			

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury SCHEDULE O Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

SOUTHWEST SEATTLE HISTORICAL SOCIETY

Employer identification number 91 - 1297010

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

WE COMPLETED THE RESTORATION OF THE ADMIRAL TOTEM POLE, A PROJECT THAT HAD BEGUN IN 2006, AND UNVEILED IT ON JUNE 6, 2014, IN FRONT OF OUR MUSEUM BEFORE A CROWD OF 1,300 PEOPLE, INCLUDING 900 ELEMENTARY-SCHOOL CHILDREN, FILLING THE STREET. SPEAKERS WERE MAYOR ED MURRAY AND COUNTY EXECUTIVE DOW CONSTANTINE, THE DUWAMISH TRIBE BLESSED THE POLE WITH CEREMONIAL DRUMMING, AND TWO-DOZEN OTHER DIGNITARIES PARTICIPATED. MEASURED BY THE SIZE OF THE CROWD, IT WAS THE BIGGEST EVENT WE HAVE EVER UNDERTAKEN. A GROUP PHOTO SHOWING ALL 1,300 FACES GOT WIDE DISTRIBUTION AFTERWARD.

WE CONTINUED OUR ADVOCACY FOR OUR "MOTHER SHIP," THE BUILDING ONE-HALF BLOCK AWAY ORIGINALLY CALLED FIR LODGE AND NOW KNOWN AS ALKI HOMESTEAD. THESE EFFORTS CULMINATED IN TALKS THAT OUR STAFF AND BOARD HAD IN OCTOBER THROUGH DECEMBER 2014 WITH DENNIS SCHILLING, WHO THE FOLLOWING MARCH PURCHASED THE 104-YEAR-OLD CITY LANDMARK AND HAS BEGUN THE PROCESS OF ITS RESTORATION GUIDED BY THE SEATTLE LANDMARKS PRESERVATION BOARD.

FORM	990,	PART	VI,	SECTION	В,	LINE	11:
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THE TREASURER CIRCULATES THE COMPLETED FORM 990 TO THE BOARD FOR REVIEW VIA EMAIL PRIOR TO SUBMISSION.

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

ANNUAL REVIEW OF VENDOR PAYMENT AND AFFILIATIONS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

Name of the organization		Employer identification num
SOUTHWEST SEATTLE HIST	TORICAL SOCIETY	91-1297010
FORM 990, PART VI, SECTION C, LINE 1	L9:	
WE POST OUR ANNUALLY SUBMITTED 990 F	FORM ON OUR WEBSITE.	WE ALSO REPORT OU
FINANCIAL STATUS AND OTHER MAJOR POI	LICY DEVELOPMENTS EAC	H NOVEMBER AT OUR
ANNUAL MEMBERSHIP MEETING, TO WHICH	THE PUBLIC IS INVITE	D TO ATTEND.
	A	
20010		
32212 8-27-14	Sche	edule O (Form 990 or 990-EZ) (2

Form 886	B
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(Rev. January 2014)

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasur
Internal Revenue Service

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	SOUTHWEST SEATTLE HISTORICAL SOCIETY	91-1297010
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 3003 61ST AVE. S.W.	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE , WA 98116	

Enter the Return code for the return that this applicat	on is for (file a separate application for each return)	0	1	

Application	Return	Application			Return			
Is For	Code	Is For						
Form 990 or Form 990-EZ	01	Form 990-T (corporation)						
Form 990-BL	02	Form 1041-A			08			
Form 4720 (individual)	03	Form 4720 (other than individual)			09			
Form 990-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)	06	Form 8870			12			
LOG HOUSE BOOKK								
• The books are in the care of ► 3003 61ST AVE S	5W - S	SEATTLE, WA 98116						
Telephone No. ► 206-938-5293		Fax No. 🕨						
If the organization does not have an office or place of business in the United States, check this box								
• If this is for a Group Return, enter the organization's four digit (• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)							
box 🕨 🗌 . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for.								
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until								
AUGUST 17, 2015 , to file the exempt	t organizat	tion return for the organization named ab	ove.	The extension				
is for the organization's return for:								
$\mathbf{E}[\underline{X}]$ calendar year $\underline{2014}$ or								
tax year beginning	, an	d ending						
2 If the tax year entered in line 1 is for less than 12 months, cl	heck reas	on: 🗌 Initial return 🗌 Final	returr	า				
Change in accounting period								
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, o	enter the tentative tax, less any						
nonrefundable credits. See instructions.			3a	\$	0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter any	/ refundable credits and						
estimated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.			
c Balance due. Subtract line 3b from line 3a. Include your page	yment wit	h this form, if required,						
by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.			
Caution. If you are going to make an electronic funds withdrawal instructions.	(direct de	bit) with this Form 8868, see Form 8453-	EO ar	nd Form 8879-EO for	r payment			
LHA For Privacy Act and Paperwork Reduction Act Notice,	see instri	uctions.		Form 8868 (Re	v 1-2014)			
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