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TIN: 85-1501210
OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

2021

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the 2021 c	alendar year, or tax year beginning 01-01-2021 , and ending 12-3	1-2021			•		
B Che	ck if applicable:	C Name of organization			D Employe	r identifi	ication number	
○ Ad	dress change	Invest in Washington Now Campaign		85-1501210				
	me change	Doing business as						
_	tial return al return/terminated	Invest in Washington Now						
_	nended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite		E Telephone	number		
	plication pending	PO Box 21961			(206) 38	32-5552		
		City or town, state or province, country, and ZIP or foreign postal code						
		Seattle, WA 98111			G Gross rec	eipts \$ 1,	021,595	
		F Name and address of principal officer:	H(a)	Is this	a group ret	urn for		
		Treasure Mackley PO Box 21961		subord	inates?		☐Yes ✓ No	
		Seattle, WA 98111		Are all include	subordinate	es	☐ Yes ☐No	
I Tax	c-exempt status:	☐ 501(c)(3) ☑ 501(c) (4) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527		If "No,'	' attach a li		nstructions.	
J W	ebsite: inv	estinwanow.org	H(c)	Group	exemption	number	•	
K Forr	n of organization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of	f format		M State	of legal domicile:	
Pa	art I Sum	mary						
		scribe the organization's mission or most significant activities:						
æ	Advocate	for tax policy in Washington State						
anc								
Ë								
Activities & Governance	2 Check th						1	
o a		of voting members of the governing body (Part VI, line 1a)				3	4	
SS		of independent voting members of the governing body (Part VI, line 1b) .			4	4		
Ě		nber of individuals employed in calendar year 2021 (Part V, line 2a)				5	2	
Œ		nber of volunteers (estimate if necessary)		•	•	6	25	
۷	7a Total unr	elated business revenue from Part VIII, column (C), line 12				7a	0	
	b Net unre	lated business taxable income from Form 990-T, Part I, line 11				7b	0	
				Prio	r Year		Current Year	
9		tions and grants (Part VIII, line 1h)			700,0	00	1,021,595	
Revenue	_	service revenue (Part VIII, line 2g)					0	
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)					0	
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			700.0	0.0	0	
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			700,0	00	1,021,595	
		nd similar amounts paid (Part IX, column (A), lines 1-3)					0	
		paid to or for members (Part IX, column (A), line 4)			0			
88		other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,6	63	176,204			
Expenses		onal fundraising fees (Part IX, column (A), line 11e)			0			
×		raising expenses (Part IX, column (D), line 25) ▶17,491						
ш		penses (Part IX, column (A), lines 11a-11d, 11f-24e)			302,6	16	581,582	
		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>		364,2	_	757,786	
	19 Revenue	less expenses. Subtract line 18 from line 12			335,7	21	263,809	
Net Assets or Fund Balances			Begii	nning o	f Current Ye	ear	End of Year	
Set	20 Total ass	ets (Part X, line 16)			335,7	21	599,530	
t As		ilities (Part X, line 26)			/-		0	
25		ts or fund balances. Subtract line 21 from line 20		335,7	21	599,530		
					555//		222,330	

Part II Signature Block

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

	L					2022-03-22	
Sign	Sig	gnature of officer				Date	
Here		easure Mackley Executive Director					
		pe or print name and title					
	, ,	Print/Type preparer's name	Preparer's	cianaturo	Date	I	PTIN
Paid	d	Printy Type preparer's name	Preparer s	signature	2022-05-02	Check if self-employed	P01598099
	parer	Firm's name Seattle CFO S	Services			Firm's EIN > 47	7-2810714
use	Only	Firm's address ▶ 603 Stewart S	St			Phone no. (206)	382-5552
		Seattle, WA	98101				
May t	he IRS disc	cuss this return with the prepa	arer shown above? (see instructions) .			. 🔽 Yes 🗌 No
For P	aperwork	Reduction Act Notice, see	the separate insti	ructions.	Cat. N	No. 11282Y	Form 990 (2021)
				— Page 2 ——			
Form	990 (2021)					Page 2
	•	ztement of Program Se	rvice Accomplis	hments			rage z
ı uı		eck if Schedule O contains a r	•				
1		scribe the organization's missi		arry line in this rait in		· · · ·	0
_	•	policy in Washington State					
		, ,					
2	Did the or	ganization undertake any sigr	nificant program ser	vices during the year	which were not lis	sted on	
	the prior F	Form 990 or 990-EZ?					🗆 Yes 💆 No
	If "Yes," d	escribe these new services or	Schedule O.				
3	Did the or	ganization cease conducting,	or make significant	changes in how it con	ducts, any progra	m	
	services?						. 🗆 Yes 🗹 No
	If "Yes," d	escribe these changes on Sch	edule O.				
4		he organization's program se					
		O1(c)(3) and 501(c)(4) organi ue, if any, for each program s		to report the amount	of grants and allo	ocations to oth	ers, the total expenses,
4a	(Code:) (Expenses \$	699,819	including grants of \$	0) (Revenue \$	0)
							d voters who care about tax policy
		ed and conducted advertising prog Washington's new tax on capital ga		n research and developed	communication and	social media stra	tegies. Also assisted with legal
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-						
46	(Code:) (Eyponess t		including grants of t) (Payanya d	``
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-						
	-						
4d		gram services (Describe in Sc	•				
	(Expenses		including grants of	•) (Revenue s	\$)
4e	Total pro	gram service expenses 🕨	699,8	19			

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 Part IV
 Checklist of Required Schedules

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . .

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

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	TIV Checklist of Required Schedules (continued)			Page 4
i di	the checking of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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	Yes	
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		No
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? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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

1b

Did the organization comply with backup withholding rules for	reportable payments to vendors and reportable gaming	
(gambling) winnings to prize winners?		1c
		Ec

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orm	990 (2021)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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 the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
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 services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			_
С	Enter the amount of reserves on hand			

	<u> </u>	, ,	ı	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	1. Tooy complete vorm coost	F	orm 99	0 (2021)
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	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		V
Se	ction A. Governing Body and Management		• •	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	$ \label{lem:poly} Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: $			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
102	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	10b		
	form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy?	13		No No
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?	1-7		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	, 9 ,			

b	If "Yes," did the organization follow a writt in joint venture arrangements under applic status with respect to such arrangements?	cable federal tax	x law, a	nd ta	ke s	teps	to sa	fegu			
Se	ction C. Disclosure										
17 18	List the states with which a copy of this Fo Section 6104 requires an organization to n 501(c)(3)s only) available for public inspec	nake its Form 1	023 (10)24 o	r 10	24- <i>F</i> ese	ا, if aړ availa	oplic ble.	able), 990, and 990 Check all that appl	D-T (section ly.	
19	Own website Another's website Describe in Schedule O whether (and if so, policy, and financial statements available t	how) the orga	nization	n mad	e its	gov			-	of interest	
20	State the name, address, and telephone no Seattle CFO LLC PO Box 21961 Seattle	umber of the pe	erson w	ho po	sses		the o	rgar	nization's books and	d records:	
	Focultie of o EEG TO BOX 21901 Seattle	<i>5, W.</i> (<i>50111</i> (<i>2</i> (00) 502	. 5552	-						Form 990 (2021)
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Par	Compensation of Officers, D and Independent Contracto		stees,	. Key	/ En	npl	oyee	s, F	lighest Comper	nsated Employe	ees,
	Check if Schedule O contains a resp		any lir	ne in t	this	Part	VII .				\square
Se	ction A. Officers, Directors, Truste										
	omplete this table for all persons required to	be listed. Repo	ort com	pensa	ation	for	the c	alen	dar year ending wi	th or within the org	ganization's tax
	List all of the organization's current officers							or o	organizations), rega	irdless of amount	
	mpensation. Enter -0- in columns (D), (E), a ist all of the organization's current key em	. ,	•					ofinit	ion of "key employ	00 "	
• L who i	ist the organization's five current highest creceived reportable compensation (box 5 of	compensated en	nployee	s (otl	her t	han	an of	ficer	r, director, trustee o	or key employee)	000 from the
• L	iization and any related organizations. ist all of the organization's former officers, portable compensation from the organization					pens	sated	emp	oloyees who receive	ed more than \$100	,000
	ist all of the organization's former director	•	_			the	capa	city a	as a former directo	r or trustee of the	
-	nization, more than \$10,000 of reportable co	•		organ	izati	ion a	and ar	ny re	elated organizations	5.	
	he instructions for the order in which to list	•									
	Check this box if neither the organization no (A)		rganizai I	tion C			ateu a	пу с	turrent omcer, aired	ctor, or trustee.	
					(C	١			(D)	(E)	/E)
	Name and title	(B) Average	Positio			t che			(D) Reportable	(E) Reportable	(F) Estimated
		Average hours per	than c	ne bo	not ox, u	t che	ss per	son			
		Average hours per week (list any hours	than c	ne bo	not ox, u n off	t che inles ficer rust	ss per and a ee)	son	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
		Average hours per week (list any hours	than c	one bo oth a direct	not ox, u n off or/t	t che inles ficer rust	ss per and a ee)	son a	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
		Average hours per week (list any hours	than o	one bo	not ox, u n off or/t	ficer rust	ee) Highe	son a	Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	Estimated amount of other compensation from the organization and
		Average hours per week (list any hours	than o	one bo	not ox, u n off or/t	ficer rust	ee) Highe	son	Reportable compensation from the organization (W-2/1099- MISC/1099-	Reportable compensation from related organizations (W-2/1099- MISC/1099-	Estimated amount of other compensation from the organization and related
		Average hours per week (list any hours	than o	one booth a direct	not ox, u n off or/t	ficer rust	ee) Highe	son a	Reportable compensation from the organization (W-2/1099- MISC/1099-	Reportable compensation from related organizations (W-2/1099- MISC/1099-	Estimated amount of other compensation from the organization and related
		Average hours per week (list any hours	than c	one booth a direct	not ox, u n off or/t	t che inles ficer rust	ee) Highe	son a	Reportable compensation from the organization (W-2/1099- MISC/1099-	Reportable compensation from related organizations (W-2/1099- MISC/1099-	Estimated amount of other compensation from the organization and related
		Average hours per week (list any hours	than o	one bo	not ox, u n off or/t	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099- MISC/1099-	Reportable compensation from related organizations (W-2/1099- MISC/1099-	Estimated amount of other compensation from the organization and related
(1) Do	Name and title	Average hours per week (list any hours	than o	one booth a direct	not ox, u n off or/t	ficer rust	ee) Highe	son a	Reportable compensation from the organization (W-2/1099- MISC/1099-	Reportable compensation from related organizations (W-2/1099- MISC/1099-	Estimated amount of other compensation from the organization and related
	Name and title	Average hours per week (list any hours for related organizations below dotted line)	than o	one booth a direct	not ox, u n off or/t	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099- MISC/1099-	Reportable compensation from related organizations (W-2/1099- MISC/1099-	Estimated amount of other compensation from the organization and related
Treas	Name and title	Average hours per week (list any hours for related organizations below dotted line)	than is Individual trustae or director	one booth a direct	o not ox, u n officor/t	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099-	Estimated amount of other compensation from the organization and related organizations
Treasi	Name and title ennis Eagle urer gibril Diop	Average hours per week (list any hours for related organizations below dotted line)	than is Individual trustae or director	one booth a direct	o not ox, u n officor/t	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099-	Estimated amount of other compensation from the organization and related organizations
(2) Di	Name and title ennis Eagle urer gibril Diop	Average hours per week (list any hours for related organizations below dotted line)	than ob is Individual trustee x	one booth a direct	o not ox, u n officer/t	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	Estimated amount of other compensation from the organization and related organizations
(2) Di	Name and title ennis Eagle urer gibril Diop	Average hours per week (list any hours for related organizations below dotted line)	than ob is Individual trustee x	one booth a direct	o not ox, u n officer/t	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	Estimated amount of other compensation from the organization and related organizations
(2) Di	Name and title ennis Eagle urer gibril Diop	Average hours per week (list any hours for related organizations below dotted line) 1.00 1.00	than ob is Individual trustee x	one booth a direct	o not ox, u n officer/t	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(2) Di Vice C (3) Ja	Name and title ennis Eagle urer gibril Diop	Average hours per week (list any hours for related organizations below dotted line) 1.00 1.00	than ob is Individual trustee x x	one booth a direct	o not on	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(2) Di Vice C (3) Ja	Name and title ennis Eagle urer gibril Diop hair smin Weaver an Jones	Average hours per week (list any hours for related organizations below dotted line) 1.00 1.00 1.00	than ob is Individual trustee x	one booth a direct	o not ox, u n officer/t	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(2) Di Vice C (3) Ja Chair (4) Jo Secret	Name and title ennis Eagle urer gibril Diop hair smin Weaver an Jones eary easure Mackley	Average hours per week (list any hours for related organizations below dotted line) 1.00 1.00 1.00	than ob is Individual trustee x x	one booth a direct	o not on officer x x x	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(2) Di Vice C (3) Ja Chair (4) Jo Secre	Name and title ennis Eagle urer gibril Diop hair smin Weaver an Jones	Average hours per week (list any hours for related organizations below dotted line) 1.00 1.00 1.00	than ob is Individual trustee x x	one booth a direct	o not on	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(2) Di Vice C (3) Ja Chair (4) Jo Secre	Name and title ennis Eagle urer jibril Diop hair smin Weaver an Jones ary easure Mackley	Average hours per week (list any hours for related organizations below dotted line) 1.00 1.00 1.00	than ob is Individual trustee x x	one booth a direct	o not on officer x x x	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(2) Di Vice C (3) Ja Chair (4) Jo Secre	Name and title ennis Eagle urer jibril Diop hair smin Weaver an Jones ary easure Mackley	Average hours per week (list any hours for related organizations below dotted line) 1.00 1.00 1.00	than ob is Individual trustee x x	one booth a direct	o not on officer x x x	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(2) Di Vice C (3) Ja Chair (4) Jo Secre	Name and title ennis Eagle urer jibril Diop hair smin Weaver an Jones ary easure Mackley	Average hours per week (list any hours for related organizations below dotted line) 1.00 1.00 1.00	than ob is Individual trustee x x	one booth a direct	o not on officer x x x	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(2) Di Vice C (3) Ja Chair (4) Jo Secre	Name and title ennis Eagle urer jibril Diop hair smin Weaver an Jones ary easure Mackley	Average hours per week (list any hours for related organizations below dotted line) 1.00 1.00 1.00	than ob is Individual trustee x x	one booth a direct	o not on officer x x x	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(2) Di Vice C (3) Ja Chair (4) Jo Secre	Name and title ennis Eagle urer jibril Diop hair smin Weaver an Jones ary easure Mackley	Average hours per week (list any hours for related organizations below dotted line) 1.00 1.00 1.00	than ob is Individual trustee x x	one booth a direct	o not on officer x x x	ficer rust	s per and a ee) Highest compensat	son a	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations

						-							
						!	-					Form 9	90 (2021)
					Page	8 9							
orm	990 (2021)												Page 8
Pa	rt VII Section A. Officers, Direct	ctors, Truste	es, Ke	y Emp	loye	es,	and	l Hig	hes	t Compensate	d Employees (co	ontinued)	
	(A) Name and title	(B) Average hours per week (list any hours for related	thar is	ition (d n one b both a direc	ox, i an of ctor/t	t ch unle fice rust	ss per r and tee)	erson I a	or	(D) Reportable compensation from the ganization (W-2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estir amount compe fror organiz	mated of other ensation on the ation and
		organization below dotted line)		Institutional Trustee	Officer	Key employee	employee	Former	MI	ISC/1099-NEC)	MISC/1099-NEC)		ated izations
			-		-								
			1	\top			ĺ						
c T	Sub-Total	Part VII, Section	nΑ.				*	Ė		155.000			
	Fotal (add lines 1b and 1c) Total number of individuals (includin					horr	ا ا	20 ===	oises	155,000	0		7,084
2	of reportable compensation from the	e organization I	• 1	ose iist	.eu a	אטט	e) Wi	io rec	eive	u more man \$10	00,000		
												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>									st compensated		3	No
4	For any individual listed on line 1a, i organization and related organizatio individual	ns greater thar	\$150,0	000? <i>If</i>	"Yes	s," c	omp	lete S	chea	dule J for such		4 Yes	
5	Did any person listed on line 1a recesservices rendered to the organizatio	eive or accrue on? <i>If "Yes," com</i>	ompens	sation f	from e J fo	any or su	unre	elated erson	org	anization or indi	vidual for	5	No

Section B. Independent Contractors				•	
1 Complete this table for your five highest c from the organization. Report compensation					pensation
	A)	ar ending with or w	ichini che organizaci	(B)	(C)
Name and but Heather Weiner,	isiness address			scription of services ations/Social	Compensation 244,898
1741 S Snoqualmie Street			Media/Adv		244,090
Seattle, WA 98108					
2 Total number of independent contractors (in	cluding but not limited	d to those listed abo	ve) who received n	nore than \$100,000	of
compensation from the organization > 1					Farm 000 (2021)
					Form 990 (2021)
		Page 9 ———			
		3			
Form 990 (2021)					Page 9
Part VIII Statement of Revenue					
Check if Schedule O contains a re	sponse or note to any	(A)	(B)	(C)	(D)
		Total revenue	Related or	Unrelated	Revenue
			exempt function	business revenue	excluded from tax under sections
	_		revenue		512 - 514
Federated campaigns 1a					
Contributions, Sifts, Grants, arb Membership dues 1b					
and Membership dues1b					
Similar					
Arfacting events <u>1c</u>					
d Related organizations 1d					
<u> </u>					
e Government grants (contributions) 1e					
f All other contributions, gifts, grants,					
and similar amounts not included above					
1,021,595					
g Noncash contributions included in					
lines 1a - 1f:\$					
h Total. Add lines 1a-1f	. b 1,021,595				
1	Business Code				
2a					
<u> </u>					
9)					
Program Service Revenue	-			+	
9					
Ser	-				
E					
ED :					
£	-				
f All other program service revenue.					
9 Total. Add lines 2a−2f ▶					
3 Investment income (including dividends,	nterest, and other				
similar amounts)	and proceeds				
5 Royalties					+
(i) Real	(ii) Personal				
'l '' ''	(, . 5.55.14.				
6a Gross rents 6a	1			1	I

	expenses	6b								
	c Rental income or (loss)	6с								
	d Net rental income	or (loss)			•				
			(i) Securi	ties	(ii) Oth	er				
	7a Gross amount from sales of assets other than inventory	7a								
	b Less: cost or other basis and sales expenses	7b								
	c Gain or (loss)	7c								
	d Net gain or (loss)	$\overline{}$				•				li .
Other Devenue	a Gross income from fu (not including \$ contributions reported See Part IV, line 18 b Less: direct expen c Net income or (los Gross income from See Part IV, line 19	d on I ses ss) fr	of ine 1c). om fundraisin		nts	<u> </u>				
				9a						
	b Less: direct expen c Net income or (los			9b	<u> </u>	_				
	C Net income or (103	3) 11	om gaming a			•				
	returns and allowa b Less: cost of good. c Net income or (los Miscellanec 11a b c	s sol s) fr	d om sales of i	10a 10b	y · · · Business (Code				
	d All other revenue			l_		-				II.
	e Total. Add lines 1	1a-1	1d			•				
	12 Total revenue. S	ee in	structions .			•	1,021,59	05	0	
							Page 10	-		Form 990 (2021)
orı	m 990 (2021)									Page 10
Р	Part IX Statement Section 501(ust com	nplete all columns.	All other organization	ns must complete co	lumn (A).
	Check if Sche	edule	O contains	a respoi	nse or note	to any I	ine in this Part IX			🗆
Do b,	not include amounts , 8b, 9b, and 10b of P	s rep art \	orted on lir /III.	nes 6b,			(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assi domestic government									
2	Grants and other assi Part IV, line 22									
	Grants and other assi governments, and for and 16	eign •	individuals.	See Par	rt IV, lines 1					
	Benefits paid to or for									
5	Compensation of curr	ent o	officers, direc	tors, tr	ustees, and		155,000	116,250	23,250	15,500

	key employees					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$					
7	Other salaries and wages	1,290	1,290		0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,178	2,384		477	317
9	Other employee benefits	3,904	2,928		586	390
10	Payroll taxes	12,832	9,624		1,925	1,283
11	Fees for services (non-employees):					
a	Management					
t	Legal	4,000	4,000		0	0
c	Accounting	12,000	0		12,000	0
c	d Lobbying					
•	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	218,500	218,500		0	0
12	Advertising and promotion	313,492	313,492		0	0
	Office expenses					
	Information technology	201	0		201	0
15	Royalties					
16	Occupancy					
	Travel					
19	Conferences, conventions, and meetings	390	0		390	0
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23	Insurance					
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 O.)					
	a Opinion Research	29,000	29,000		0	0
	b					
	С					
	d					
	e All other expenses	3,999	2,351		1,647	1
25	Total functional expenses. Add lines 1 through 24e	757,786	699,819		10,476	17,491
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).					
	-					Form 990 (2021)
		— Page 11 ———				
Forn	n 990 (2021)					Page 11
Р	rart X Balance Sheet					1.252 ==
	Check if Schedule O contains a response or note to any	/ line in this Part IX				
	check if Schedule o contains a response of flote to any	y inte in this rate in t	(A) Beginning of		<u> </u>	(B) End of year
	1 Cash-non-interest-bearing		1	335,721 1	1	599,530
	2 Savings and temporary cash investments			2	Í	
	3 Pledges and grants receivable, net			3		
	4 Accounts receivable, net			4		
	5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial c controlled entity or family member of any of these pers	contributor, or 35% ons		5		
			1	1	I	

	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s						
	_				6 7			
ş	7	•	Notes and loans receivable, net					
ssets	8	Inventories for sale or use		8				
Ä	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	1 1 -		9			
		basis. Complete Part VI of Schedule D	10a		40-			
	b	Less: accumulated depreciation	10b		10c			
	11	Investments—publicly traded securities .			11			
	12	Investments—other securities. See Part IV, line		12				
	13	Investments—program-related. See Part IV, line		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	15	599,530				
	16	Total assets. Add lines 1 through 15 (must eq		335,721	16	599,530		
	17	Accounts payable and accrued expenses		17				
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
es	21	Escrow or custodial account liability. Complete F	<u> </u>		21			
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .		22				
Ï	23	Secured mortgages and notes payable to unrela	ited third parties		23			
	24	Unsecured notes and loans payable to unrelated	I third parties		24			
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25 .						
S		-	26					
Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	27	599,530				
Ba	28	Net assets with donor restrictions		28				
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.						
9	29	Capital stock or trust principal, or current funds		29				
sets	30	Paid-in or capital surplus, or land, building or ed		30				
SS	31	Retained earnings, endowment, accumulated in		31				
t As	32	Total net assets or fund balances	335,721	32	599,530			
Net	33	Total liabilities and net assets/fund balances .		335,721	33	599,530		
			Page 12 —			Form 990 (2021)		
Form	n 990	(2021)				Page 12		
Pa	art XI	Reconcilliation of Net Assets						
		Check if Schedule O contains a response or n	ote to any line in this Part XI					
1	Tota	al revenue (must equal Part VIII, column (A), line	12)		1	1,021,595		
2		al expenses (must equal Part IX, column (A), line	2	757,786				
3		enue less expenses. Subtract line 2 from line 1	3	263,809				
4		assets or fund balances at beginning of year (mu	4	335,721				
5		unrealized gains (losses) on investments	5	333/122				
6		nated services and use of facilities	6					
7		estment expenses	7					
8		r period adjustments	8					
9		er changes in net assets or fund balances (explai	9					
		assets or fund balances at end of year. Combine				599,530		
	art XII		333,330					

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

			163	110
1	Accounting method used to prepare the Form 990:			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	١.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		F	orm 99	0 (2021)
-orm	990 (2021)			
Ad	Retur	n to Fo	rm	
	Software ID: 21013422			
	Software Version:			
Forn	n 990, Special Condition Description:			
	Special Condition Description			