29492085038242

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2020

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

AI	or the	2020 calenda	ar year, or tax year beginning January 1 , 2020, and ending	December	r 31 , 20	
В	Check if ap	plicable	C Name of organization	Employer id	entification number	
	Address c	hange	9	1-2130853		
	Name cha	inge	E Telephone number			
=	Initial retui		3411 Thorndyke Ave W	20	6-272-2620	
=	Final retur Amended	n/terminated		Group Exe	mption	
$\overline{}$		n pending	Seattle WA 98119	Number •	>	
_		ting Method		neck ▶ 🔲 ı	f the organization is not	
1.1	Vebsite	e: 🕨			ach Schedule B	
JT	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3)	orm 990, 990	0-EZ, or 990-PF)	
_		organization	☑ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets		
(Pa	rt II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structions	for Part I)	
		Check if	the organization used Schedule O to respond to any question in this Part I .		<u> </u>	
	1	Contribution	ons, gifts, grants, and similar amounts received	1	195,623	
	2	Program s	ervice revenue including government fees and contracts	. 2		
	3	Membersh	ip dues and assessments	. 3		
	4	Investment	tincome	4	19	
	5a	Gross amo	ount from sale of assets other than inventory 5a			
en	Ь	Less: cost	or other basis and sales expenses			
	С	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c		
	6	Gaming an	d fundraising events:			
	а		ome from gaming (attach Schedule G if greater than			
Revenue	b	from fundr	me from fundraising events (not including \$ of contributions aising events reported on line 1) (attach Schedule G if the th gross income and contributions exceeds \$15,000)			
	c d	Less: direct	t expenses from gaming and fundraising events 6c	act - 6d		
	7a	Gross sale	s of inventory, less returns and allowances . 7a			
	b	Less [,] cost	of goods sold			
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c		
	8	Other reve	nue (describe in Schedule O)	8		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED)▶ 9	195,642	
3	10	Grants and	I similar amounts paid (list in Schedule O) ဖြ	70 10	94,680	
Ī	11	Benefits pa	aid to or for members	<u> 11 </u>		
S	12	•	thei compensation, and employee benefits	[윤] <u>12</u>		
Expense	13	Profession	al fees and other payments to independent contractors OGDEN, UT	13		
Źĝ	14		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 14		
لائے	15	• • •	ublications, postage, and shipping	. 15		
0	16		enses (describe in Schedule O)		29,709	
0 2022 0 Net AssetS	17	Total expe	enses. Add lines 10 through 16	▶ 17	124,389	
2	18		(deficit) for the year (subtract line 17 from line 9)	18	71,254	
se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w	/ith		
As		-	r figure reported on prior year's return)	19	61,214	
<u>fe</u>	20		nges in net assets or fund balances (explain in Schedule O)			
2	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	132,468	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2020)



Form	39U-EZ (2U2U)					rage Z
Pa	t II Balance Sheets (see the instructions	•				_
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u></u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			61,214		132,372
23	Land and buildings				23 24	
24	Other assets (describe in Schedule O)			61,214		96
25 26	Total liabilities (describe in Schedule O)			61,214	26	132,468
27	Net assets or fund balances (line 27 of column		n line 21)	61,214		162,468
Par					1 1	102,400
	Check if the organization used Schedule					Expenses
Wha	is the organization's primary exempt purpose?	Supporting youth an	d BIPOC community	in Pacific NW		quired for section (c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli	shments for each o	f its three largest p	orogram services,	orga	anizations, optional for
as m	neasured by expenses. In a clear and concise m	nanner, describe the	e services provide	d, the number of	Othe	ers)
	ons benefited, and other relevant information for ea		high provided mode		-	
28	Sold "We Got This Seattle" tees on-line to raise mon in our community to people in need. Revenue gener				1	
	in our community to people in need. Revende gener	ateu was \$45,100.			1	
	(Grants \$ 18,680) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	24,420
- 29	Auction off player designed shoes in "Kicks for Equi					
	Proceeds were used to support NAACP	•••••				1
		•••••	•••••			
	(Grants \$ 50,000) If this amount				29 a	3,161
30						
			•••••			
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	30a	,
31	Other program services (describe in Schedule O)					
		includes foreign gra	ants, check here .	<u>• 🗆</u>	31a	1
32	Total program service expenses (add lines 28a				32	
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	e O to respond to a	ny question in this (c) Reportable	(d) Health benefits.		<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)			other compensation
Daw	n Trudeau	-	(
	d Member	1	1	,	0	Q
	nia Gilder					
_	d Member	1		o	0	
Lisa	Brummel	_		1		
	d Member	1	(0	0	0
	a Valavanis					_
	d Member	2	'	<u> </u>	9	
	McLean surer / Bookeeper	1	1		0	O
Hea	diei / Bookeepei			<u>, </u>	1	<u>-</u>
		·				
					_	
		 		 	+	
				 	+	
	•	1				
			_	1	\perp	_
			1			
		1	1	1	- 1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			<u> </u>
	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	SPart	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			,
35a	change on Schedule O. See instructions	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓.
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		_
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	1		_
39	Section 501(c)(7) organizations. Enter:]		
a	Initiation fees and capital contributions included on line 9	-		
40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
e	40c reimbursed by the organization	<u>'</u>		
	transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶ Washington			
42a		206-27		2
L	Located at ► 3411 Thorndyke Ave W, Seattle 98119 ZIP + 4 ►	981		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country ▶	72.0		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		.)	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-	√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			. 1
	completed instead of Form 990-EZ	44b		7
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		<u>√</u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		7

Page	4
. ugu	

		-					_	Y	/es	No
		the organization engage, directly or in						-		
		andidates for public office? If "Yes," c Section 501(c)(3) Organizations	****	, Part 1	<u> </u>	• •	. 4	16	1	✓_
Part \	Y.L.	All section 501(c)(3) organizations		stions 47-49b an	nd 52, and c	omplete the	e table	s for	' line	es.
		50 and 51. Check if the organization used Sch	redule O to respond	I to any question i	n this Part Vi	1				_
		Oneck if the organization used our	icable o to respond	rto arry question in	THE HOTEL TO	• • •	<u> </u>	٠Ţ	es	No
		the organization engage in lobbying ? If "Yes," complete Schedule C, Part		section 501(h) elec				17		<u>√</u>
48	Is the	e organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complet	te Schedule E	·	. 🔼	18		√
		the organization make any transfers to						9a		✓
		es," was the related organization a se iplete this table for the organization's						9b		J 1
÷50	emn	iplete this table for the organization s loyees) who each received more than	\$100 000 of compen	sated employees (castion from the or	omer man on nanization. If	there is none	rs, trus e. enter	"No	, and ne "	ı ke
	<u> </u>) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Heali contribution benefit plans	th benefits, is to employee s, and deferred ensation	(e) Estin		amou	
none										
		-								
f	Tota	I number of other employees paid over	er \$100,000 .	. ▶				-		
		plete this table for the organization' 0,000 of compensation from the organ			ent contracto	rs who each	receiv	ed m	nore	tha
	(a) Name and business address of each independ	ent contractor	(b) Type of s	service	(c)	Compen	sation	ı	
none										
			 .			+				
		•								
					-					
			 -							
					=	-				_
		·		· ·						
d	Tota	I number of other independent contra	ctors each receiving	over \$100,000 .	. •					
52		the organization complete Schedupleted Schedule A	le A? Note: All se	ection 501(c)(3) or	ganızatıons	must attach	a ► 🗸 Y	es (lo
		s of perjury, I declare that I have examined this r					owledge	and b	elief, i	t ıs
	T	1 / 1 min ON		-	<u> </u>					
Sign		Signature of officer	·		D	ate				
Here		Tricia McLean Type or print name and title			5	/27/2021				
		Print/Type preparer's name	Preparer's signature		Date	Chook [, PTI	N		
Paid Prepa	aror					Check L if self-employed				
Use (I = .	Firm's EIN ▶							
		Firm's address ▶			PI	none no			_	
May th	ie IRS	discuss this return with the preparer	shown above? See	instructions			► 🗌 Y	es :	\square N	ło

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	_	rm Foundation						30853
Par		Reason for Public Cha						ons.
	The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)							
1		church, convention of churc					/ 1/	λ
2		school described in section						
3		hospital or a cooperative hos medical research organization						(iii) Enter the
4		ospital's name, city, and state	-	onjunction with a nos	pitai dest	indea in s	section 170(D)(1)(A)	(m). Enter the
5		n organization operated for		college or university	owned o	r operate	ed by a government	tal unit described in
•		ection 170(b)(1)(A)(iv). (Com		conogo or arrivorony	Ownou c	oporati	od by a government	di dini described in
6		federal, state, or local govern		mental unit described	ın secti	on 170(b))(1)(A)(v).	
7	_	n organization that normally	9			٠,	· · · · · ·	n the general public
	_	escribed in section 170(b)(1)			•	J		
8	□ A	community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9		n agricultural research organ	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
	uı	r university or a non-land-gra niversity:		·			•	· ·
10	⊘ A	n organization that normally incepts from activities related	eceives (1) more	than 331/3% of its su	ipport fro	m contrit	outions, membership	fees, and gross
	SI	upport from gross investmen	t income and un	related business taxa	ble incon	epuons, a ne (less s	ection 511 tax) from	businesses
	_ a	equired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)	
11	_	n organization organized and	*	•	-			
12		n organization organized and						
		f one or more publicly suppo heck the box in lines 12a thro						
а	ř	Type I. A supporting organ	_	• •		_	•	
a	_	the supported organization						
		supporting organization. Y						
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of	•					
		organization(s). You must	complete Part I	V, Sections A and C				
С		Type III functionally integ						ally integrated with,
	_	its supported organization(, ,	•				
d	L	Type III non-functionally						
		that is not functionally integree requirement (see instruction						id an attentiveness
_	_	, ,	•	-				
е		Check this box if the organ functionally integrated, or ?						e II, Type III
f	Ent	er the number of supported of	- 1	nonany integrated su	pporting	Jigarnzat	1011.	
g		vide the following information		orted organization(s).				•
		me of supported organization	(n) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
		· · ·		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
					ļ			
(B)								
(C)								
(D)								
(E)								
	,							·

Part							
	(Complete only if you checked the						alify under
<u> </u>	Part III. If the organization fails to	quality und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	4-3-0046	(h) 0047	I (-) 0040	(4) 0040	(-) 0000	(0 T-1-1
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.	23.3	_	a =	· ±	- ·	
4	Total. Add lines 1 through 3 \						<u> </u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	_		-		, -	•
6	Public support. Subtract line 5 from line 4	\					
Secti	on B. Total Support	1				•	
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the			third fourth	or fifth tax ve	12	on 501(c)(3)
	organization, check this box and stop he	-					»
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2020 (line			11, column (f)		14	%
15	Public support percentage from 2019 Sci				9.	15	%
16a	331/3% support test—2020. If the organ box and stop here. The organization qua	llifies as a pub	licly supported	organization ?	·		▶ □
b	331/3% support test—2019. If the organithis box and stop here. The organization					is 33 ¹ /3% or m	nore, check
17a	10%-facts-and-circumstances test—2: 10% or more, and if the organization metal VI how the organization meets the organization	neets the facts	-and-circumst	ances test, ch	eck this box a	and stop here.	. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	acts-and-circui	mstances test,	check this bo	x and stop he	re. Explain
18	Private foundation. If the organization	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this bo	_

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	If the organization fails to qualify	unaer the tes	ts listed belo	w, piease co	mpiete Part I	1.)	
	on A. Public Support	,					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	22367	1640	19430	60740	124123	228300
3	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an				:	71500	71500
3	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		-			• •	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	22367	1640	19430	60740	195623	299800
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						299800
Section	on B. Total Support		-				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	22367	1640	19430	60740	195623	299800
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				20	'- 19	, 39
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			-			
С	Add lines 10a and 10b			·	20	19	39
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)	22367	1540	19430	02502	105642	200820
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	first, second,		60760 or fifth tax yea	195642 ar as a section 	299839 501(c)(3)
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8		•			15	100 %
16	Public support percentage from 2019 Sch			<u> </u>	<u> </u>	16	%
Section	on D. Computation of Investment Inc	come Percen	tage				
17	Investment income percentage for 2020 (I	ine 10c, columi	n (f), divided b	y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 2019					18	%
19a	331/3% support tests - 2020. If the organi						
_	17 is not more than 33 ¹ / ₃ %, check this box a		-	=		_	_
b	331/3% support tests—2019. If the organiz line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die	•		•	, ,	• •	=
				,			

Part IV Supporting Organizations

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

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

10b

	E A (1 of 11 of 15			raye 🔾
Part	Supporting Organizations (continued)		1	
44	Use the everywhen appeared a gift or contribution from any of the following across 2		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	ŀ		
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		1	
	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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-	ļ	ļi
•		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	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		ļi
Secti	on C. Type II Supporting Organizations		l	
			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		<u> </u>
Secti	on D. All Type III Supporting Organizations			r
			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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			لـــــا
	supported organizations played in this regard	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test Complete line 2 below.	nstru	ction	5 <i>).</i>
a b	☐ The organization satisfied the Activities rest <i>Complete line 2 below.</i> ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			/
- C	The organization supported a governmental entity Describe in Part VI how you supported a governmental entity	(see in	struct	lons
2	Activities Test. Answer lines 2a and 2b below.	100 ,,,	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? 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	2a		ļ
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			į 1
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			į l
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			 -
_	these activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Plid the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
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? If "Yes" or "No," provide details in Part VI.			<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		ī
	of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this regard	25		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See					
	instructions. All other Type III non-functionally integrated supporting organ	ızat	ons must complete Section	ns A through E.		
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7'		<u> </u>		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		, .			
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors			- 		
	(explain in detail in Part VI):					
2_	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C—Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0 85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	· · · · · · · · · · · · · · · · · · ·			
4	Enter greater of line 2 or line 3.	4	•			
5	Income tax imposed in prior year	5	-			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6		<u> </u>		
7	Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III supporti	ng organization		
	(see instructions)					

Part	1 Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	<u>a)</u>	
Sect	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions			6	
_ 7	Total annual distributions. Add lines 1 through 6			7	
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive		
	(provide details in Part VI). See instructions.	· 		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	-		10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b]	· .,
c	From 2017				
d	From 2018				
e	From 2019			_	
f	Total of lines 3a through 3e			_	
<u> </u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u> </u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from		•	ı	
	Section D, line 7:			_	
<u>a</u>	Applied to underdistributions of prior years		·	_	
<u>b</u>	Applied to 2020 distributable amount				····
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions				
				-	
6	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in			ŀ	
	Part VI. See instructions.			- 1	
7	Excess distributions carryover to 2021. Add lines 3				
•	and 4c				
8	Breakdown of line 7:			\dashv	
_ a	Excess from 2016			\dashv	
<u>a</u>	Excess from 2017			\dashv	
<u>c</u>	Excess from 2018			-	
_ d	Excess from 2019				
<u>u</u>	Fundam from 0000				
	Excess from 2020	<u>-</u>		1	

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
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	<u>-</u>		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Seattle Storm Foundation	91-2130853
Part 1 Line 10 Donation to FoodLifeline (proceeds from We Got This Seattle tees) \$18	3,680
Dontation to Rave to resurface & upgrade a basketball court \$20,000	
Donation to Fare Start providing meals to people during pandemic \$3,000	
Donation to NAACP to support voting \$50,000	
Donation to GSBA Scholarship \$3,000	
Part 1 Line 16 We Got this Seattle T-shirt costs \$24,420 (raised \$43,100 selling - \$24,4	20 cost = \$18,680 donated to FoodLifeline
Kicks for Equality program cost \$3,161	
Insurance \$1,190	
Office Expenses \$938	

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
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