Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

OMB No. 15

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

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

Go to www.irs.gov/Form990FZ for instructions and the latest information.

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Inte	rnal Rever	nue Service	Go to www.irs.gov/Form990EZ for instructions and	d the latest informa	ation.		Шарсо	
Α	For the	2023 calenda	ar year, or tax year beginning 01/01/2023	and ending	12	/31/202	3	
B Check if applicable:		oplicable:	C Name of organization		D Emp	oyer ide	ntification nui	
	Address c	change	SUNSET HILL COMMUNITY CLUB			91	-6055823	
	Name cha	hange Number and street (or P.O. box if mail is not delivered to street address) Room/suite				E Telephone number		
$\mathbb{H}$	Initial retu		3003 NW 66th Street			206	-784-2927	
H	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Grou	up Exem	ption	
Ħ	Applicatio		Seattle, WA 98117			nber	•	
G		ting Method:	Cash Accrual Other (specify):		H Check	if the	organization	
1.1	<b>N</b> ebsite	: www.sun	sethillcommunity.com				ch Schedule	
JΊ	ax-exen			17(a)(1) or 527	(Form 9	90).		
_				Other:				
			7b to line 9 to determine gross receipts. If gross receipts are \$200		otal assets	6		
(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 t	he instru	ctions	for Part I)	
	22		the organization used Schedule O to respond to any qu					
	1		ns, gifts, grants, and similar amounts received			1		
	2	Program se	ervice revenue including government fees and contracts			2		
	3	-	ip dues and assessments			3		
	4	Investment	income			4		
	5a	Gross amo	unt from sale of assets other than inventory	5a	0			
	b	Less: cost	or other basis and sales expenses	5b	0			
	С		ss) from sale of assets other than inventory (subtract line 5	o from line 5a) .		5с		
	6		d fundraising events:					
	а	Gross ince	cross income from gaming (attach Schedule G if greater than					
ne		\$15,000) .		6a	0			
en	b	Gross inco	me from fundraising events (not including \$	0 of contribu	utions			
Revenue			aising events reported on line 1) (attach Schedule G if the	Э				
_		sum of suc	h gross income and contributions exceeds \$15,000)	6b	5,241			
	С	Less: direc	t expenses from gaming and fundraising events	6c	0			
	d	Net income	e or (loss) from gaming and fundraising events (add lines	6a and 6b and	subtract			
		line 6c) .				6d		
	7a	Gross sale	s of inventory, less returns and allowances	7a	0			
	b	Less: cost	of goods sold	7b	0			
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line	e 7a)		7с		
	8	Other rever	nue (describe in Schedule O)			8		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9		
	10		similar amounts paid (list in Schedule O)			10		
	11		aid to or for members			11		
es	12	Salaries, of	ther compensation, and employee benefits			12		
us	13	Profession	al fees and other payments to independent contractors .			13		
Expenses	14	Occupancy	y, rent, utilities, and maintenance			14		
ŵ	15	Printing, pu	ublications, postage, and shipping			15		
	16	Other expe	enses (describe in Schedule O) .See Schedule O, Statement	11		16		
	17	Total expe	nses. Add lines 10 through 16			17		
S	18	Excess or (	deficit) for the year (subtract line 17 from line 9)			18		
set	19		or fund balances at beginning of year (from line 27, colo					
As		end-of-yea	r figure reported on prior year's return)			19		
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		Statemer	20		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through	20		21		

For Paperwork Reduction Act Notice, see the separate instructions.

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	Check if the organization used Schedule	O to respond to an	ny question in this	Part II	9 9	
	Oncold in the organization accurations	o to respend to a	iy quoonon in ano	(A) Beginning of year	Ė	(B) End o
22	Cash, savings, and investments			53,948	22	
23	Land and buildings			158,647	23	
24	Other assets (describe in Schedule O) See.Sche			849	-	
25	Total assets			213,444	$\overline{}$	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			213,444	27	
Par	Check if the organization used Schedule	O to respond to ar	ny question in this			Expen
What	t is the organization's primary exempt purpose?	See Schedule O, Sta	tement 4			quired for a (c)(3) and a
as m	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			org	anizations; ers.)
28	Provide facilities to the community for social events	and gatherings and	other community fu	nctions.		
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	📙	288	1
29						
	/Create \$	includes fausian aus	nto obsolaboro		20.	
30	(Grants \$ ) If this amount	99.00° 020.00	- 100 m		298	1
30						
	(Grants \$ ) If this amount	includes foreign gra	nts check here	П	30a	
		· · · · · · · ·			000	•
		includes foreign gra			318	,
	Total program service expenses (add lines 28a t	hrough 31a)			32	
Par		Employees (list each	one even if not com	pensated-see the in	nstru	ctions for
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable	(d) Health benefits, contributions to employ benefit plans, and		) Estimated other comp
	Munroe ident	40.00		0	0	
	on Sizer	5.00		0	0	
	President					
John	Munroe	2.00		0	0	
Trea	surer					
Susa	n Drummond	2.00		0	0	
Secr	etary	2000000				
Robe	ert Loe	1.00		0	0	
D:	ctor	7.7.2	1	1		
Direc	Haff	1.00		0	0	
Tom	I I I I I I I I I I I I I I I I I I I					
A Contract of the Contract of		2200				
Tom		2200			+	

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the
rait	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	
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
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 change on Schedule O. See instructions	34
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a
b 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 0	
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; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	20-
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b	38a
39	Section 501(c)(7) organizations. Enter:	
а	Initiation fees and capital contributions included on line 9	
b	Gross receipts, included on line 9, for public use of club facilities	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	
	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
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	102
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e
41	List the states with which a copy of this return is filed: WA	
42a		125-44
b	Located at: 1606 201st Place SE Apt A, Bothell, WA 98012 ZIP + 4  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)?	980
	If "Yes," enter the name of the foreign country:	42b
	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 and enter the amount of tax-exempt interest received or accrued during the tax year	
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 mo completed instead of Form 990-EZ	re hospital facilities		Yes," Form 990 mus	t be 44b
c d	Did the organization receive any payment If "Yes" to line 44c, has the organization explanation in Schedule O	ents? If "No," provide	. 44c		
45a	Did the organization have a controlled ent				. 45a
Form 99	90-EZ (2023)				
46	Did the organization engage, directly or in to candidates for public office? If "Yes," or				
Part		s Only s must answer que	stions 47–49b and s	52, and complete th	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Part		section 501(h) election		
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a secomplete this table for the organization's employees) who each received more than	n section 170(b)(1)(A)(ii o an exempt non-cha ection 527 organizatio five highest compens	)? If "Yes," complete S ritable related organiz n? sated employees (othe	Schedule E	48 49a 49b tors, trustees
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	
None					
f 51	Total number of other employees paid over Complete this table for the organization's \$100,000 of compensation from the organization.	s five highest compe		contractors who eac	h received m
5-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	(a) Name and business address of each independ	V 80 20 1 100 100 100 100 100 100 100 100 1	(b) Type of servi	ice (e	c) Compensation
None					
			,		
d 52	Total number of other independent contra Did the organization complete Schedu completed Schedule A		ction 501(c)(3) organ		ha . 🗌 <b>Yes</b>
	penalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than	return, including accompany	ing schedules and stateme	nts, and to the best of my l	
Sign	Signature of officer	/S		Date	

Here	Mary Beck, Accountant Type or print name and title					0
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN
Use Only	Firm's name			Firm's EIN		
	Firm's address			Phone	e no.	

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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OMB No. 15

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization	Employer identification num
SUNSET HILL COMMUNITY CLUB	91-6055823
	h

Schedule O, Statement 1	SUNSET HILL COMMUN
	SUNSET HILL COMMUNI EIN: 91
Form: Form 990-EZ (2023)	EIN: 91
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Form: Form 990-EZ (2023)	EIN: 91 Part
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Form: Form 990-EZ (2023) Page: 1 Other Expenses Structured Expense	EIN: 91 Part

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Programs and committee

Total:

Schedule O, Statement 2

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Other Changes In Net Assets Structured Explanation

Description

prepaid expenses adjust for non prev reported

Total:

Schedule O, Statement 3	SUNSET HILL COMMUN
Form: Form 990-EZ (2023)	EIN: 91
Page: 2	Part
Other Assets	Structured Explanation
Description	EO
Petty Cash	
Prepaid Insurance	
PR adjustment	

Total:

Schedule O, Statement 4 SUNSET HILL COMMUN

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### **Primary Exempt Purpose**

### **Primary Exempt Purpose**

To promote the general welfare of Sunset Hill neighborhood residents and to make the neighborhood a desirable place to live by connecting  $n\epsilon$  and fostering involvement in the neighborhood and in the larger community of which Sunset Hill neighborhood is a part.

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