

Form 990-EZ		Short Form Return of Organization Exempt From Income Tax		OMB No. 1545-0047 2023 Open to Inspection
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/Form990EZ for instructions and the latest information.		
A For the 2023 calendar year, or tax year beginning		01/01/2023	and ending	12/31/2023
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization SUNSET HILL COMMUNITY CLUB Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3003 NW 66th Street City or town, state or province, country, and ZIP or foreign postal code Seattle, WA 98117		D Employer identification number 91-6055823 E Telephone number 206-784-2927 F Group Exemption Number
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify): _____		H Check <input type="checkbox"/> if the organization required to attach Schedule (Form 990).		
I Website: www.sunsethillcommunity.com				
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other: _____				
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$				
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I				
Revenue	1 Contributions, gifts, grants, and similar amounts received	1		
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4		
	5a Gross amount from sale of assets other than inventory	5a	0	
	b Less: cost or other basis and sales expenses	5b	0	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events:			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	5,241	
c Less: direct expenses from gaming and fundraising events	6c	0		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a Gross sales of inventory, less returns and allowances	7a	0		
b Less: cost of goods sold	7b	0		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c			
8 Other revenue (describe in Schedule O)	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9			
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12		
	13 Professional fees and other payments to independent contractors	13		
	14 Occupancy, rent, utilities, and maintenance	14		
	15 Printing, publications, postage, and shipping	15		
	16 Other expenses (describe in Schedule O) <u>.See Schedule O, Statement 1</u>	16		
	17 Total expenses. Add lines 10 through 16	17		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		
	20 Other changes in net assets or fund balances (explain in Schedule O) <u>.See Schedule O, Statement 1</u>	20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21		

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of
22 Cash, savings, and investments	53,948	22
23 Land and buildings	158,647	23
24 Other assets (describe in Schedule O) <u>See Schedule O, Statement 3.</u>	849	24
25 Total assets	213,444	25
26 Total liabilities (describe in Schedule O)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	213,444	27

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? See Schedule O, Statement 4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for sections
501(c)(3) and 505
organizations;
others.)

28	<u>Provide facilities to the community for social events and gatherings and other community functions.</u>		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other compensation
<u>John Munroe</u>	40.00	0	0	
<u>President</u>				
<u>Myron Sizer</u>	5.00	0	0	
<u>Vice President</u>				
<u>John Munroe</u>	2.00	0	0	
<u>Treasurer</u>				
<u>Susan Drummond</u>	2.00	0	0	
<u>Secretary</u>				
<u>Robert Loe</u>	1.00	0	0	
<u>Director</u>				
<u>Tom Haff</u>	1.00	0	0	
<u>Director</u>				

- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44b**
- c 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**
- 45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a**

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- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46**

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a**
- b** If "Yes," was the related organization a section 527 organization? **49b**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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	(e) Estimated other compensation
None				

f Total number of other employees paid over \$100,000

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☐ **Yes**

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, this return and the accompanying schedules and statements are true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
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Here	Mary Beck, Accountant					
	Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN	
	Firm's address				Phone no.	

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047 <div>2021</div>
	Name of the organization SUNSET HILL COMMUNITY CLUB	Employer identification number 91-6055823	Open to Inspection

[illegible]

Schedule O, Statement 2

SUNSET HILL COMMUNI

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Part

Other Changes In Net Assets Structured Explanation

Description

prepaid expenses adjust for non prev reported

Total:

Schedule O, Statement 3

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Part

Other Assets Structured Explanation

Description	EO
Petty Cash	
Prepaid Insurance	
PR adjustment	
Total:	

Schedule O, Statement 4

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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 ne
and fostering involvement in the neighborhood and in the larger community of which Sunset Hill neighborhood is a part.

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