SEATTLE, May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No Form 990 (2017)

206-782-1767

Phone no

WA

98199

Firm's address

orm 990 (2017)	Seattle Milk Fund	, Inc. 91-	0619698	Page
	tatement of Program Servi			
		a response or note to any line in this	Part III	
	ribe the organization's mission	empowering parents tow	ard higher education	
opportu	nities by funding	childcare grants and p	roviding family suppo	rt.
- -		, , , , , , , , , , , , , , , , , , ,	sortaning camean coppo	
Old the ords	anization undertake any contricent r	rogram services during the year which were no	at listed on the	
	1990 or 990-EZ?	nogram services during the year which were no	or instead of the	Yes X No
•	cribe these new services on Sched	ule O		J
Did the orga	anization cease conducting, or make	significant changes in how it conducts, any pr	ogram	
services?				Yes 🗓 No
	cribe these changes on Schedule C			
		complishments for each of its three largest pro- nizations are required to report the amount of		
	penses, and revenue, if any, for each		grants and allocations to others,	
total exp				
a (Code		29,064 including grants of \$	14,571) (Revenue \$	
		ganization's Childcare		
Program	provided child ca	are assistance and fami	ly support to local f	amilies
attendi:	ng a College or Un	niversity in King Count	y. The program made	over
		support grants. 95% of		
		e they received volunte eeds. 92% of our studen		extpre
		ic quarter, putting the		oward a
	degree or certifi		-	
b (Code) (Expenses \$	including grants of \$) (Revenue \$	
,	,			
c (Code) (Expenses \$	including grants of \$) (Revenue \$	
	•			
d Other progra	am services (Describe in Schedule i			
(Expenses		ding grants of \$	(Revenue \$	
e Total progra	m service expenses ▶	29,064		
A.				Form 990 (2017

	1990 (2017) Seattle Milk Fund, Inc. 91-0619698		F	age
Pa	rt IV Checklist of Required Schedules			·
	le the consensation described as a series 504(a)(0) as 40.47(a)(4) (all a set a series of	/	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	x	Ì
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	-	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3	}	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1-		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	}	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 	 -	
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			}
	Part III	5	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1	1	}
	"Yes," complete Schedule D, Part I	6]	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	}	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ļ	·	
	complete Schedule D, Part III	8	1	x
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		ĺ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	l
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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,"	Ĭ,		'
	complete Schedule D, Part VI	11a	x	1
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116	<u> </u>	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		[[
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1	1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l l		
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If	}		Ì
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 _	X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	{	1	1
	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	ļ	X
5	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	 	X
6	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	 -	X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
U	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1	ľ	1

Form 990 (2017)

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form 990 (2017) Seattle Milk Fund, Inc. Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Vaa	I NI.
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	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	1200		一
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	}
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		_==_	\vdash
	organization's current and former officers, directors, trustees, key employees, and highest compensated	}		1
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<u> </u>		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	212		<u> </u>
-	to defease any tax-exempt bonds?	24c		1
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a		210		\vdash
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1.50		-=
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			{
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-=-		-
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			$\overline{}$
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	-		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	}		l
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Pa	Irt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part	V				
			·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	1	ļ	l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1	1	1
	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		1	1	1
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	}		1.5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	<u> </u>	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority	1			
	over, a financial account in a foreign country (such as a bank account, securities account, or other file	nancial		1	}	į
	account)?			4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country			<u> </u>	2	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts	5	}		
	(FBAR)				 	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	1	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	ł	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or				
	gifts were not tax deductible?			6b		}
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?	_		7a	X	}
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	ras				
	required to file Form 8282?			7c	1	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by th	e			
	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	l	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter			ļ	[
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1	}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b]	{	}
11	Section 501(c)(12) organizations. Enter]	}	}
а	Gross income from members or shareholders	11a				}
b	Gross income from other sources (Do not net amounts due or paid to other sources]	ļ]
	against amounts due or received from them)	116	_	1	1	Ì
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m 1041?	,	12a	<u> </u>]
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126				
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	Ι	Γ
	Note. See the instructions for additional information the organization must report on Schedule O		•			
b	Enter the amount of reserves the organization is required to maintain by the states in which				}	}
	the organization is licensed to issue qualified health plans	13b		1		}
С	Enter the amount of reserves on hand	13c		1	1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		· · · · · · · · · · · · · · · · · · ·	14a		X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		
						

782845 05/Q1/2018 12 05 PM Form 990 (2017) Seattle Milk Fund, Inc. 91-0619698 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year 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 12 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? a8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

1631 15th Ave W, Ste 116

98199

Seattle

Seattle Milk Fund, Inc.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle icer a	Pos check ess pe	rson	than or is both a or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Terry Dessert						\prod				
	15.00				}	1				
President	0.00	X		X				0	0	0
(2) Paula Whitham	5 00	{			}					
Ties Duraidant	5.00	7		•		1 1			^	•
Vice President (3) Ross Dessert	0.00	X		X		 		0	0	0
(3) ROSS Desseit	10.00	}								
Treasurer	0.00	x		x				o	o	0
(4) Wanda Urquhart	0.00	^	-	^	-	{ }		 		
(4) Manaa Ozquilazo	5.00		{		ł	{				
Secretary	0.00	x	}	x	Į	1		o	o	0
(5) Lynn Murphy		 	-			1-1				
(0, 0.2 0.0. 0.0. 2.0. 2	0.50					1				
Trustee	0.00	X						o	o	0
(6) Sue Tong				<u> </u>						
<u>-</u>	0.50	1	ļ)				
Trustee	0.00	X						0	0	0
(7) Helen Uri						$\Gamma^{-}\Gamma$				
	0.50	1		}	İ	1 1				
Trustee	0.00	X			<u> </u>			0	0	0
(8) Jane Pedersen			1	}	}	1 1				
	0.50	l l	1		[1 1				
Trustee	0.00	X	L_		L_	$\downarrow \downarrow$		0	0	0
(9) Kay Gullberg		ŀ	1	ļ	ł					
	0.50		1	ļ						_
Trustee	0.00	X	 	<u> </u>	 	-		0	0	0
(10) Linda Eckhart	0.50				1					
_ :	0.50				1					
Trustee (11) Linda Williams	0.00	X		-		╁╼┼		0	0	0
(m)LINGA WILLIAMS	0.50	1	1		l					
Trustae	0.00	X	1					o	o	^
Trustee	0.00	1.	l	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	1		1	<u> </u>	Form 990 (2017)
										ram 330 (2017)

	7	stee	s, K			oyee	s, a	nd Highest Compensated					
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle ficer a	Pos check ess pe nd a d	rson i irecto	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	,	(F) Estima amoun othe compens from t	ted t of r ation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріруве	Highest compensated employee	Former	(W-2/1099-MISC)		1	organiza and rela organiza	ated	
(12) Carol Wollenk Trustee	erg 0.50 0.00	x						0	0				0
(13) Margaret Skir	ner	^	\vdash	-	 								
Executive Director	30.00		_	x				0	0				0
												- <i>-</i>	
			-										
				· · · · · · · · · · · · · · · · · · ·									
													
1b Sub-total	L	<u> </u>	<u>L</u>		<u> </u>		>						
c Total from continuation shed d Total (add lines 1b and 1c)	ets to Part VII, S	Secti	ion A	4			>	ļ		 			
Total number of individuals (in reportable compensation from				hose	liste	ed ab	ove) who received more than \$	100,000 of				
3 Did the organization list any fo employee on line 1a? If "Yes,"								yee, or highest compensate	ed		- 3	Yes	No X
4 For any individual listed on line organization and related organ	e 1a, is the sum o	of rep	oorta	ble c	omp	ensa	ition						x
individual 5 Did any person listed on line 1									ndıvıdual		4		×
for services rendered to the or Section B. Independent Contractor			COTTI	nete	SCII	eaure	<i>3 1</i> (or such person		l	5		
Complete this table for your five compensation from the organization.	zation Report co	nsat mpe	ed ir	idep	ende or th	ent co e cal	ontra enda	ar year ending with or within	the organization's tax year	3 7			
Name and	(A) I business address						_	Descrip	(B) tion of services			(C) mpensati	on
		 .					_						
													
							_						
							_						
2 Total number of independent	contractors (in all		h	net f		al 4 = 1	<u> </u>	o listed above the					
2 Total number of independent of received more than \$100,000	of compensation	aing fron	out the	orga	mite miza	u to t	105	e iisied above) who	0				

91-0619698

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Page 9 (A) Total revenue (B) Related or (C) Unrelated (D) Revenue exempt function business Grants excluded from tax under sections 1a Federated campaigns revenue revenue 1a 512-514 b Membership dues 1b c Fundraising events fts, 1c 157 ভ্ৰ d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 32,975 g Noncash contributions included in lines 1a-1f 157 h Total. Add lines 1a-1f Program Service Revenue ▶ 33,132 Busn. Code 2a b C ď f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 7,922 Income from investment of tax-exempt bond proceeds \blacktriangleright 7,922 Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities sales of assets (II) Other other than inventory 10,303 **b** Less cost or other basis & sales exps 10,182 c Gain or (loss) 121 d Net gain or (loss) 8a Gross income from fundraising events 121 Other Revenue 121 (not including \$ of contributions reported on line 1c) See Part IV, line 18 2,461 b Less direct expenses 1,296 c Net income or (loss) from fundraising events 9a Gross income from gaming activities 1,165 See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b All other revenue Total. Add lines 11a-11d Total revenue. See instructions 42,340 0 8,043

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service (C) Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 14,571 14,571 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 9,590 2,389 420 6,781 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 26,586 8,470 5,144 12,972 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,505 773 360 372 Payroll taxes Fees for services (non-employees) a Management b Legal 232 232 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 1 1 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 866 983 59 58 12 Advertising and promotion 705 226 1,160 229 Office expenses 13 3,858 1,594 1,242 1,022 Information technology 14 Royalties 15 2,567 456 1,655 456 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 1,608 1,608 22 Depreciation, depletion, and amortization 476 157 162 157 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) 132 419 134 153 Telephone & internet exp а 97 63 Bank charges b 30 30 Fundraising expenses C -219 -219 Recovery of other admin All other expenses 23,077 63,464 29,064 11,323 Total functional expenses. Add lines 1 through 24e 25 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 ▶ following SOP 98-2 (ASC 958-720) Form 990 (2017)

	0 (2017) Seattle Milk Fund, Inc	. 91	-0619698		Page 11
art 2		to one line in this Deat V			
	· Check if Schedule O contains a response or note	to any line in this Part X	(A)	 	(B)
		ļ	Beginning of year		End of year
14	Cash—non-interest bearing		129,856	1	101,99
2	Savings and temporary cash investments	ł	125,030	2	101,33
1		}		3	
3	Pledges and grants receivable, net Accounts receivable, net	}		4	
4	•	inora directora			
5	Loans and other receivables from current and former off trustees, key employees, and highest compensated emp	i			
1	Complete Part II of Schedule L	lioyees	-	5	
6	Loans and other receivables from other disqualified pers	one (se defined under section			
1 °	•				
}	4958(f)(1)), persons described in section 4958(c)(3)(B),	* · · · .			
}	sponsoring organizations of section 501(c)(9) voluntary	· · ·		6	
7	organizations (see instructions) Complete Part II of Scho Notes and loans receivable, net	eduie C		7	
7 8	Inventories for sale or use	\	8,542	8	6,974
9	Prepaid expenses and deferred charges	}	10,187	9	12,266
ì	Land, buildings, and equipment cost or	1 (10,107		12,200
108	other basis Complete Part VI of Schedule D	10a 399,787		1	
	Less. accumulated depreciation	10a 333,787 10b 179,047	222,113	10c	220,740
1	Investments—publicly traded securities	179,047	2,376,978	11	2,412,285
11 12	Investments—other securities. See Part IV, line 11	}	2,310,310	12	2,412,200
13	Investments—program-related See Part IV, line 11	}		13	
14	Intangible assets	ł	3,383	14	3,150
15	Other assets See Part IV, line 11		3,303	15	
16	Total assets. Add lines 1 through 15 (must equal line 34		2,751,059	16	2,757,412
17	Accounts payable and accrued expenses	·/	7,385	17	7,598
18	Grants payable	l l	,,500	18	,,,,,,
19	Deferred revenue	}		19	
20	Tax-exempt bond liabilities	\		20	
21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
22	Loans and other payables to current and former officers,	, t			
	trustees, key employees, highest compensated employe		Ĭ		
1	disqualified persons Complete Part II of Schedule L	53, 4116		22	
23	·	narties		23	
24	Unsecured notes and loans payable to unrelated third pa	· ·		24	
25		r			
}	parties, and other liabilities not included on lines 17-24)		ļ		
1	of Schedule D		Ì	25	
26	Total liabilities. Add lines 17 through 25	Ţ	7,385	26	7,598
1	Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
1	complete lines 27 through 29, and lines 33 and 34.		Ì	ĺ	
27	Unrestricted net assets	į (2,743,674	27	2,749,814
28	Temporarily restricted net assets	[28	
29	·	[29	
{	Organizations that do not follow SFAS 117 (ASC 958	B), check here ▶ 🛗 and			
	complete lines 30 through 34.		}	Ş	
30		}	}	30	
31		t fund		31	
32		ľ		32	
33	Total net assets or fund balances	Ì	2,743,674	33	2,749,814
34	Total liabilities and net assets/fund balances	İ	2,751,059	34	2,757,412

orm	990 (2017) Seattle Milk Fund, Inc. 91-0619698			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		42,	340
2	Total expenses (must equal Part IX, column (A), line 25)	2		63,	464
3	Revenue less expenses Subtract line 2 from line 1	3		21,	124
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,7	43,	674
5	Net unrealized gains (losses) on investments	5		27,	264
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,7	49,	814
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			ar	100
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		***		
	Schedule O			.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1.4.1	7997	1
	reviewed on a separate basis, consolidated basis, or both			後.	
	Separate basis Consolidated basis Both consolidated and separate basis			× =6 = 3:	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			7.15	. ~
	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	X	}
	If the organization changed either its oversight process or selection process during the tax year, explain in			*	
	Schedule O		1]
3a	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		X
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		<u> </u>
			For	m 990	0 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

➤ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Schedule A (Form 990 or 990-EZ) 2017

Name of the organization Seattle Milk Fund, Inc.

Employer identification number 91-0619698

	_												
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
The c	rga	nization is not	a private foundation because	e it is (For lines 1 through 12, ch	neck only	one box)	\sim						
1		A church, cor	vention of churches, or asso	ociation of churches described in	section	170(b)(1)(A)(i).						
2	\sqcap	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	990 or 99	90-EZ))							
3	П			e organization described in sec			ii).						
4	П	· -	•	in conjunction with a hospital d	•		•	spital's name					
		city, and state	- ·					- p. (a. () () () ()					
5	\Box	•		of a college or university owned o	or onerate	d by a go	vernmental unit described in						
•	ш	=	b)(1)(A)(iv). (Complete Part		n operate	u by a go	verimental unit described in						
6	\Box			'') overnmental unit described in se	ction 170	V6\/4\/A\	(sa)						
7	H		- · · · · · · · · · · · · · · · · · · ·										
•	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8													
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
9	Ш							е					
	or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
10	university X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its												
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
11													
12													
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).												
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g												
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the												
	supporting organization. You must complete Part IV, Sections A and B.												
	þ	Type II. A	A supporting organization sup	pervised or controlled in connect	tion with it	s suppor	ted organization(s), by having						
				ling organization vested in the sa	ame perso	ons that c	ontrol or manage the supported	!					
		organizat	ion(s) You must complete	Part IV, Sections A and C.									
	С			upporting organization operated				h,					
				ructions) You must complete									
	d			I. A supporting organization ope									
				organization generally must sat				S					
	_												
	е			eived a written determination from i-functionally integrated supporting			a type i, type ii, type iii						
	f		nber of supported organization		ng organi.	-411011		[
	g		ollowing information about the					L					
ω		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of					
٧٠,		anization	(··/, ···	(described on lines 1–10		r governing	support (see	other support (see					
				above (see instructions))	docu	ment?	instructions)	instructions)					
					Yes	No	<u></u>	 					
(A)					<u> </u>								
(B)					ł								
(C)					{								
			<u></u>	L		ļ							
(D)					1								
					 								
(E)					1								
					 								
·- 4 - •					1								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

_								
	Schod	do	A /E	arm.	gon.	ar 990	LF71	201

organization

instructions

supported organization

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 under the tests listed below please complete Part II.)

Sac	tion A. Public Support	quality under th	e lesis listeu b	elow, please co	omplete Fart II.	·)	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership	(u) 2010	(5) 2014	(0) 2010	(0) 2010	(6) 20 17	(1) 10.6.
'	fees received (Do not include any "unusual grants ")	319,376	491,966	335,214	256,773	33,132	1,436,461
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	102,537	127,300	184,076	32,463	2,461	448,837
3	Gross receipts from activities that are not an unrelated trade or business under section 513			8,622	8,915		17,537
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	Total. Add lines 1 through 5	421,913	619,266	527,912	298,151	35,593	1,902,835
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	19,800	22,500	15,000	10,000	305	67,605
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						
С	Add lines 7a and 7b	19,800	22,500	15,000	10,000	305	67,605
8	Public support. (Subtract line 7c from						
~	line 6)	L					1,835,230
	tion B. Total Support ndar year (or fiscal year beginning in)	(=) 2012	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(a) 2013	619,266	527,912	298,151	35,593	
		421,913	019,286	527,912	298,131	35,393	1,902,835
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	53,959	128,700	110,098	76,019	7,922	376,698
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	53,959	128,700	110,098	76,019	7,922	376,698
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)	475,872	747,966	638,010	374,170	43,515	2,279,533
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her	-			·		▶ []
Sec	tion C. Computation of Public S	apport Percent	age				
15	Public support percentage for 2017 (line 8	, column (f) dıvıded	by line 13, column	(f))		15	80.51%
16	Public support percentage from 2016 Sche					16	79.94%
	tion D. Computation of Investme						
17	Investment income percentage for 2017 (in		· ·	column (f))		17	17%
18	Investment income percentage from 2016			44 41 45		18	17%
19a	33 1/3% support tests—2017. If the orga 17 is not more than 33 1/3%, check this bo	ox and stop here. T	he organization qu	ualifies as a publict	y supported organ	ızatıon	▶ X
b	33 1/3% support tests—2016. If the orga						▶ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did	· ·	=			=	>
				,			اــا ٠

Schedule A (Form 990 or 990-EZ) 2017. Seat

Part IV Supporting Organizations

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

Section A. All Supporting Organiz	ations
-----------------------------------	--------

- 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
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (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)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 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.
- 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 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
			1
	2		
	3a		
	3b	-	
	3с		
	4a		1
			,
	4b		
	-		
	4c		 ,
			-
	5 0		
	_5a		,
	5b		
	5c		
			1) (
			1
	6		
	7		
	8		
	9a		
	A 1.		
	9b		
	9c		
	100		
	10a		
	10b		
۱ (F	orm 99	v or 990-	EZ) 2017

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3a

Schedule A (Form 990 or 990-EZ) 2017. Seattle Milk Fund, Inc.		91-0619	698 Page	∌ 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizat	ions		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	Nov 20, 19	70 (explain ın Part VI) See)	
instructions. All other Type III non-functionally integrated supporting organizations m	ust comple	ete Sections A through E		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year	
·			(optional)	
1 Net short-term capital gain	11			
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	1 1			
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		- 	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Section B - Minimum Asset Amount	}	(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see		, , , , , , ,	, , ,	
instructions for short tax year or assets held for part of year)		* * * * * * * * * * * * * * * * * * * *	t (t) ()	i d
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e 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 1-1/2% 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 035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
Adjusted net income for prior year (from Section A, line 8, Column A)	1			_
2 Enter 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			
7 Check here if the current year is the organization's first as a non-functionally integrated	d Type III s	upporting organization (se	e	

instructions)

Schedule A (Form 990 or 990-EZ) 2017

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2018. Add lines 3

Part VI See instructions

Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

and 4c

Schedule A (Form 990 or 990-EZ) 2017 .

Seattle Milk Fund, Inc.

91-0619698

Page 8

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)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name	of the organization		Employer identification number
s	eattle Milk Fund, Inc.		91-0619698
	ort I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	L	
3	Aggregate value of grants from (during year)	L	<u> </u>
4	Aggregate value at end of year	Ĺ	-l
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclu-	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose	
_	conferring impermissible private benefit?		
; Pa	conservation Easements. Complete if the organization answered "Yes" on	Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check	all that apply)	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically im	portant land area
	Protection of natural habitat	Preservation of a certified histo	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a cons	ervation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inclu-	uded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organiza	ation during the
	tax year ▶		
4	Number of states where property subject to conservation easement is to		
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, nandling of	☐ Yes ☐ No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of	fundations, and enforcing conceniation	
U	Training of the state of t	i violations, and emorcing conservation (easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viole > \$	ations, and enforcing conservation ease	ments during the year
٥	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170/h)/4\/B\/	
0	and section 170(h)(4)(B)(ii)?	ne requirements or section (170(1)(4)(b)(Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense stateme	
·	balance sheet, and include, if applicable, the text of the footnote to the	•	•
	organization's accounting for conservation easements	· ·	
Pa	Irt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on		r Similar Assets.
	If the organization elected, as permitted under SFAS 116 (ASC 958), no		halance sheet
ıa	works of art, historical treasures, or other similar assets held for public e	•	
	public service, provide, in Part XIII, the text of the footnote to its financial		iciano or
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		ance sheet
~	works of art, historical treasures, or other similar assets held for public e		
	public service, provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial dain or	• •
_	following amounts required to be reported under SFAS 116 (ASC 958)		- · · · · · · · · · · · · · · · · · · ·
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		► \$

	Milk Fund,			0619698	Page 2
Part III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or Ot	ner Similar Ass	ets (continued)
3 Using the organization's acquisition, access collection items (check all that apply)	sion, and other records	, check any of the follo	wing that are a sign	ficant use of its	
a . Public exhibition	d 🗍	Loan or exchange prog	jrams .		
b Scholarly research	e 🗍	Other			
c Preservation for future generations					
4 Provide a description of the organization's XIII	collections and explain	how they further the or	ganızation's exemp	t purpose in Part	
5 During the year, did the organization solici	t or receive donations of	f art, historical treasure	s, or other similar		
assets to be sold to raise funds rather than	to be maintained as pa	irt of the organization's	collection?		Yes No
Part IV Escrow and Custodial A	rrangements.				
Complete if the organization 990, Part X, line 21.	on answered "Yes"	on Form 990, Pa	rt IV, line 9, or re	eported an amo	unt on Form
1a Is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions or	other assets not		·
included on Form 990, Part X?		•			Yes No
b If "Yes," explain the arrangement in Part X	iil and complete the follo	owing table			
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an amount on	Form 990, Part X, line 3	21, for escrow or custo	dial account liability	?	Yes No
b If "Yes," explain the arrangement in Part X	III Check here if the exp	olanation has been pro	vided on Part XIII		
Part V Endowment Funds.					
Complete if the organizati	on answered "Yes"	on Form 990, Par	rt IV, line 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	
1a Beginning of year balance	2,207,130	2,157,554	2,343,81	.8 2,298,	383 2,303,095
b Contributions					
 Net investment earnings, gains, and 	1				
losses	35,304	173,216	-78,18	114,	760 121,211
d Grants or scholarships					
e Other expenditures for facilities and	}	105.011	00.00		200
programs	h	105,211	90,00		000 107,125
f Administrative expenses	1 2 242 424	18,429	18,07		325 18,798
g End of year balance	2,242,434	2,207,130	2,157,55	4 2,343,	818 2,298,383
2 Provide the estimated percentage of the ci		(line 1g, column (a)) n	eid as		
a Board designated or quasi-endowment ▶ b Permanent endowment ▶	%				
c Temporarily restricted endowment	%				
The percentages on lines 2a, 2b, and 2c s					
3a Are there endowment funds not in the post		ion that are held and a	dministered for the		
organization by	ocasion of the organizat	ion mat are nelo and a	aministered for the		Yes No
(i) unrelated organizations					3a(i) X
(ii) related organizations					3a(ii) X
b If "Yes" on line 3a(ii), are the related organ	izations listed as require	ed on Schedule R2			3b
4 Describe in Part XIII the intended uses of t	•				المعتاب
Part VI Land, Buildings, and Eq		Milom Idinas			
Complete if the organizati		on Form 990. Pai	t IV. line 11a. S	ee Form 990. P	art X line 10
Description of property	(a) Cost or other b			c) Accumulated	(d) Book value
	(investment)	(athe		depreciation	
1a Land			76,317	* * * * * * * * * * * * * * * * * * * *	76,317
b Buildings			93,661	151,410	142,251
c Leasehold improvements					
d Equipment			29,809	27,637	2,172
e Other					
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part .	X, column (B), line 10c)	▶	220,740

Schedule D (F	orm 990) 2017 Seattle Milk Fund, I	nc.	91-0619698	Page
Part VII	Investments—Other Securities.	- Farm 000 Dart IV/ lin	- 44h C Farm 000 Dart V	l 10
	Complete if the organization answered "Yes" of			line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	ahia
	(including name of security)		Cost or end-of-year market v	
(1) Financial of				
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.			
<u> </u>	Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11c See Form 990, Part X.	line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	,		Cost or end-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 000 B 17 1/B) 1 10 lb			
	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.	Farm 000 Dart IV Sa	- 444 Cas Farm 000 Dart V	l 45
	Complete if the organization answered "Yes" of	on Form 990, Part IV, III		
	(a) Description			b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, Iin	ie 11e or 11f See Form 990, F	Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)			7	
(5)	/ 		1	
(6)			1	
		- 	†	
(7)			-	
(8)			-	
(9)	43	- 	4	
i otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 25) ▶		J	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017 Seattle Milk Fund, Inc. 91-0619698 Page 5
Part XIII Supplemental Information (continued)

Direct fundraising expenses for excess reporting period \$ -578

(Form 990)		Governments, and Individuals in the United State	ents, al	Governments, and Individuals in the United States	in the United	l States		7700
		Complete if the	organizatic	on answered "Yes" on Fc	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Affach to Form 990	, line 21 or 22.		7107
Department of the Treasury Internal Revenue Service		ob 🛦	o to www.i	rs.gov/Form990 for	to www.irs.gov/Form990 for the latest information.	ċ		Inspection
Name of the organization	Seattle Milk Fund, 3	Inc.						Employer identification number 91 –0619698
Part General	General Information on Grants and Assistance	Assistance						
1 Does the organization the selection criteria c 2 Describe in Part IV the	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	amount of the gra e? oring the use of gi	ints or assis ant funds in	tance, the grantees' et the United States	eligibility for the grants	or assistance, and		Yes X
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	nestic Organi hat received m	zations a	ind Domestic Go \$5,000 Part II ca	vernments. Con in be duplicated if	nplete if the orga	anization answee is needed.	ered "Yes" on Form
1 (a) Name and or g	(a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(5)								
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
2 Enter total number of 3 Enter total number of	Enter total number of section 501(c)(3) and government organizations listed in Enter total number of other organizations listed in the line 1 table	ganizations listed table	n the line 1 table	table				A A
- [

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Schedule I (Fo	Schedule I (Form 990) (2017) Seattle Milk Fund, Inc.	Fund, Inc.	Ö	91-0619698		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	o Domestic Individua onal space is needed	is. Complete if the o	rganization answered	d "Yes" on Form 990, Part I	
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Chile	1 Childcare grants	10	12,769		Actual	
2 Famil	2 Family support grants	2	1,802		Actual	
ო						-
4						
ın						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	vide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional in	nformation

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SCHEDULE O (Form 990 or 990-EZ) 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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Seattle Milk Fund, Inc.

Employer identification number 91-0619698

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Terry Dessert

Ross Dessert

President

Treasurer

Family relationship - spousal

Form 990, Part VI, Line 7a - Election of Members and Their Rights Application for membership shall be open to individuals who support the purpose statement in Article I, Section 2. Membership is granted after completion and receipt of a membership allocation and annual dues.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is reviewed by the Organization's Board of Directors prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Conflict of Interest Policy was approved by the Board of Trustees on 3/30/10. Every September board members, new and old, sign their job description and conflict of interest policy. Board meeting minutes note any disclosures or discussions.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Exeutive Director's salary is evaluated by the executive committee based on the United Way salary quide.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization

Employer identification number

Seattle Milk Fund, Inc.

91-0619698

The Organization's governing documents, conflict of interest policy, and financial statements are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Audit period in excess of reporting period	\$ 266,272
Net unrealized gain for excess reporting period	\$ 176,655
Investment expenses for excess audit period	\$ -18,591
Product sales expenses for excess audit period	\$ 3,853
Direct fundraising expenses for excess audit period	\$ -578
Net loss for excess reporting period	\$ 71,900
Audit period in excess of reporting period	\$ -514,827
Investment expenses for excess reporting period	\$ 18,591
Product sales expense for excess reporting period	\$ -3,853
Direct fundraising expenses for excess reporting period	\$ 578