Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public

Α	For the	2022 calend	dar year, or tax year beginning	01/01/2022	and ending		12/31/2	022		
В	Check if	applicable:	C Name of organization SEATTL	E INTERNET EXCHANGE				D Emplo	oyer identification	number
П	Address	change	Doing business as						91-2148657	
$\overline{\Box}$	Name ch			f mail is not delivered to street add	ress)	Room/suite	,	E Teleph	none number	
\Box	Initial ret	· ·	1700 7th Ave Ste 116 PMB 40		,				206-367-4320	
\exists		ırn/terminated		ountry, and ZIP or foreign postal co	ode		1			
H	Amende		Seattle, WA 98101-1323					G Gross	receipts \$	383,732
H		ion pending	F Name and address of principal of	ficer: Nikos Mouat		H(a)				es V No
ш	Applicati	ion pending	1700 7th Ave Ste 116 PMB 40			1 -	-		es included?	_
_	Tay aya	mpt status:	501(c)(3) 501(c) (6) (insert no.) 4947(a)	(1) or 527				es included : To	22 INO
÷		· · · · · · · · · · · · · · · · · · ·		6) (ITISELT 110.) 4947(a)	(1) Or 321					
<u>, </u>	Website		ww.seattleix.net/	[7] ou N	1. 1/ ((Group ex			
_			Corporation Trust Associa	ation Other Nonprofit Corp	(L Year of for	mation: 2	001	M State	of legal domicile:	WA
Р	art I	Summa	-		*** -					
-	1	Briefly des	scribe the organization's miss	sion or most significant acti	vities: Ope	ration of th	e Seattl	e Interr	net Exchange.	
ဦ										
Activities & Governance										
Ş.	2		s box \square if the organization of	<u>-</u>	-			% of its	s net assets.	
ဗိ	3	Number of	f voting members of the gove	erning body (Part VI, line 1a)			3		5
∞ಶ	4	Number of	f independent voting membe	rs of the governing body (P	art VI, line	1b)		4		5
ţį	5	Total numb	ber of individuals employed i	n calendar year 2022 (Part	V, line 2a)			5		0
ξį	6	Total numb	ber of volunteers (estimate if	necessary)				6		10
Ac	7a	Total unrel	lated business revenue from	Part VIII, column (C), line 12	2			7a		0
	b	Net unrelat	ted business taxable income	from Form 990-T, Part I, lin	ne 11			7b		0
		•					rior Year	'	Current Ye	ear
4	8	Contribution	ons and grants (Part VIII, line	36	64,530		45,950			
ne	9		service revenue (Part VIII, line		39,091		336,676			
Revenue	10	•	it income (Part VIII, column (A	C,				117	1,106	
æ	11		enue (Part VIII, column (A), lin					1		1,100
	12		nue-add lines 8 through 11 (r		•		5.5	53,739		383,732
	13		d similar amounts paid (Part l	•		_	30	0		0
					0					
	14	-	aid to or for members (Part I)						<u>0</u>	
ses	15		ther compensation, employee					0		
eus	16a		nal fundraising fees (Part IX, o					0		0
Expenses	b		raising expenses (Part IX, col		0	-				
	17	-	enses (Part IX, column (A), lin					16,712		614,909
	18	-	enses. Add lines 13–17 (must		-		21	16,712		614,909
	19	Revenue le	ess expenses. Subtract line 1	18 from line 12			33	37,027		-231,177
Net Assets or Fund Balances						Beginning	of Curre	nt Year	End of Ye	ar
sets	20	Total asset	ts (Part X, line 16)				1,36	61,062	1	,129,885
t As	21	Total liabili	ities (Part X, line 26)					0		0
₹ <u>₽</u>	22	Net assets	or fund balances. Subtract	line 21 from line 20			1,36	61,062	1	,129,885
P	art II	Signatu	ıre Block							
			 I declare that I have examined this Declaration of preparer (other than 						my knowledge and	belief, it is
		/e-filed/					May	y 9th, 20	າ23	
Sig	qn	Signature of	officer				Date	, σ, =		
	ere	"	uto, Secretary/Treasurer							
			t name and title							
		1 7	e preparer's name	Preparer's signature		Date		a r	if PTIN	
Pa	iid	i iiiiv i ype	proparer a name	i Toparer a aignature		Date		Check self-emp	 」''	
Pr	epare								лоува	
	se Onl	y Firm's nan					Firm's			
		Firm's add					Phone			
Ma	y the IF	RS discuss t	this return with the preparer	shown above? See instruct	tions				. Yes	No

Part			Part III	🗆
1	Briefly describe the organization's miss	<u> </u>		<u> </u>
	Operation of the Seattle Internet Exchan			
2	Did the organization undertake any sig			
	prior Form 990 or 990-EZ?		· · · · · · · · · · · · · · · · · · ·	<u></u> ✓ No
3	If "Yes," describe these new services of Did the organization cease conduction		now it conducts any program	
3	services?			☑ No
	If "Yes," describe these changes on So		· · · · · · · · · · · · · · · · · · ·	<u>v</u> NO
4	•		s three largest program services, as mea	sured by
•			rt the amount of grants and allocations t	
	the total expenses, and revenue, if any		G	·
4a	(Code:) (Expenses \$	614,909 including grants of \$) (Revenue \$ 336,67	6)
	Internet Exchange Point: We aid, support	t, and assist the efficient transmission of	educational, scientific, medical and other	
	information and communications by cre	ating and maintaining direct communicat	ions interconnections between members.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
70	(Oode:) (Expenses ψ	including grants or ψ) (Nevende ψ	/
A cl	Other program continue /Describe C	Cahadula O)		
4d	Other program services (Describe on S (Expenses \$ 0 including		¢ 0\	
4e	(Expenses \$ 0 including Total program service expenses	grants of \$ 0) (Revenue 614,909	0)	
. •	p g cccc cxpoi.ioco	51-1,000		

	90 (2022)		F	Page
Part	IV Checklist of Required Schedules			
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	Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		~
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		'
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 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 "Yes" appropriate Schedule D. Part I.	5		•
7	"Yes," complete Schedule D, Part I	7		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	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	11b		,
c d	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		~
u e	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		\(
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b 12	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<i>'</i>
13 14a b	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17 18	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		~
18	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		~
19 20a	If "Yes," complete Schedule G, Part III	19 20a		\(
∠∪a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		۷
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			·
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	~	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
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		>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		>
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		>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	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 on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	~	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	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)?	4a		~
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<i>'</i>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		
	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?	70		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ISa		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			
		17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 5 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, 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 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b V Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a v 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ☐ Upon request Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Chris Caputo, (206)367-4320

Part VI

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if fletther the organization no	i aily relate	u oig	ailiz	auc	льс	ompe	1130	ited any current	onicer, director,	oi iiusiee.
				(6	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unles er and	ss pe	rson lirect	e than o is both or/trus	n an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any 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/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
Nikos Mouat	2.00									
President and Director		~		~				0	0	0
Erica Hughes Ehnert Vice President and Director	1.00	,		,				0	0	0
Patrick Gilmore	1.00									
Director		~						0	0	0
Steve Perry Director	1.00	~						0	0	0
Michael Smith Director (term started 5/2022)	1.00							0	0	0
Christian Koch Director (term ended 5/2022)	1.00	_					,	0	0	0
Chris Canuto	40.00						Ť	0	0	0
Secretary/Treasurer	40.00	1		~				0	0	0
		-								
		-								
		-								

(B)

Average

hours

per week

(list any

hours for related

organizations below dotted line)

Individual trustee or director

Institutional trustee

(A)

Name and title

Position

(do not check more than one

box, unless person is both an

officer and a director/trustee)

Key employee

(D)

Reportable

compensation

from the

organization (W-2/ 1099-MISC/ 1099-NEC)

Former

Highest compensated employee

			-												
			-												
			-												
			-												
41.	0														
	Subtotal						٠	•		0		0	0		
C	Total from continuation sheets to Par	•		٠			٠	•		_		_			
	Total (add lines 1b and 1c)											0	· - Φ-	100.00	0
2	,	-	limite	d t	o ti	nos	e iisi	ea	above)	wno re	eceived r	nore ti	nan \$	100,00	U Of
	reportable compensation from the organ	lization								0					
														Yes	No
3	Did the organization list any former							mpl	oyee, or	highes	t compe	nsated			
	employee on line 1a? If "Yes," complete Schedule J for such individual												3	'	
4															
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule									dule J fo	r such				
	individual												4		~
5	Did any person listed on line 1a receive	or accrue c	ompei	nsat	ion	fror	n any	un	related or	ganizat	ion or inc	lividual			
	for services rendered to the organization	? If "Yes," o	compl	ete	Sch	edu	ıle J f	or s	auch pers	on .			5		~
Secti	on B. Independent Contractors													<u> </u>	
1	Complete this table for your five hig	hest comp	ensate	ed i	inde	pen	dent	СО	ntractors	that r	eceived	more t	han \$	100,00	00 of
	compensation from the organization. Rep														
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						Ť		(B)			(C)	·	
	(A) Name and business ad	dress							Description		rices	(Compens	ation	
Altoni	a Corporation, 1700 7th Ave Ste 116 PMB 30	O Coattle V	VA 001	01				Ca	nsulting s				•		2,856
Aitopi	a Corporation, 1700 7th Ave Ste 110 PIMB St	o, Seattle, v	VA 901	UI				CO	iisuitiiiy s	ervices				104	2,000
2	Total number of independent contract	oro (includi	na bu	ı+ n.	o+ I:	imi+	od +-		ooo lieta	d abov	a) who				
2	· · · · · · · · · · · · · · · · · · ·									e) who					
	received more than \$100,000 of compensation from the organization														
													For	n 990	(2022)

10111 990 (2022)						
Part VIII	Statement of Revenue					

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ဗ် ဗ	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
G.	C	Fundraising events			1c	0				
Ą,	d	Related organization			1d	0				
iii la		Government grants			1e					
S, (e f	All other contribution			16	0				
on Si	f	and similar amounts no								
uti Per					1f	45,950				
흔된	g	Noncash contribution								
nd p		lines 1a-1f			1g					
ā ŏ	h	Total. Add lines 1a-	-1f .				45,950			
						Business Code				
Ce	2a	Internet Exchange P	oint			517110	336,676	336,676	0	0
اه ڃَ	b						·			
gram Ser Revenue	С									
E è	d									
gra Re	e									
Program Service Revenue	_	All other program se						0	0	0
	f						0	0	0	0
	<u>g</u>	Total. Add lines 2a-					336,676			
	3	Investment income								
		other similar amoun	-				1,106	1,106	0	0
	4	Income from investr	nent o	of tax-exem	ipt bo	nd proceeds	0	0	0	0
	5	Royalties					0	0	0	0
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income o		s)						
	7a	Gross amount from	(122	(i) Securit		(ii) Other				
	14		oo amount nom			.,				
		other than inventory	7a							
	b	Less: cost or other basis	1 a							
Revenue	D	and sales expenses .	76							
Ver		•	7b							
Be		Gain or (loss)	7c		0	0				
-	d	Net gain or (loss)								
Other	8a	Gross income from		ndraising						
0		events (not including		0						
		of contributions rep								
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)) from	n fundraisin	g eve	nts				
	9a	Gross income f	from	gaming						
		activities. See Part I	IV, lin	e 19 .	9a					
	b	Less: direct expens	6 9		9b					
		Net income or (loss)				76				
		Gross sales of in				,,, , , ,				
	.00	returns and allowan			100					
	I-				10a					
		Less: cost of goods			10b	L				
	С	Net income or (loss)	irom	ı saies ot ir	ivento	i -				
ns						Business Code				
ee ee	11a									
scellaneo Revenue	b									
e e	С									
Miscellaneous Revenue	d	All other revenue								
≥	е	Total. Add lines 11a	<u>a–1</u> 1c	<u> </u>			0			
	12	Total revenue. See					383,732	337,782	0	0

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	ımn (A).
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		схропосс	general expenses	СХРОПОСС
	and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	182,856			
b	Legal	130			
C	Accounting	47			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion				
13	Office expenses	810			
14	Information technology	36,530			
15	Royalties	30,330			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	139,483			
23	Insurance	4,740			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Address Space	500			
b	Bank Service Charges, Licenses, Permits, Sales Ta				
c d	Postage, Misc, Rounding	203,280			
u e	Service Contracts All other expenses	203,260			
25	Total functional expenses. Add lines 1 through 24e	614,909	0	0	0
26	Joint costs. Complete this line only if the	014,909	0	0	0
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any lin	ne in this Pa	rt X		
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		203,413	1	76,683
	2	Savings and temporary cash investments		1,157,649	2	1,053,202
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former office trustee, key employee, creator or founder, substantial contribut controlled entity or family member of any of these persons .	or, or 35%		5	
	6	Loans and other receivables from other disqualified persons	as defined		5	
sts		under section 4958(f)(1)), and persons described in section 495	` / ` / ` /		6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	+		8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments—publicly traded securities	[11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,361,062	16	1,129,885
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	+		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Scheduler			21	
Liabilities	22	Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial contribut controlled entity or family member of any of these persons.	or, or 35%			
jab					22	
_	23	Secured mortgages and notes payable to unrelated third partie			23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to reparties, and other liabilities not included on lines 17–24). Comp	elated third		24	
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.				
ala	27	Net assets without donor restrictions		1,361,062	27	1,129,885
Ä	28	Net assets with donor restrictions	[0	28	0
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
\ss	31	Retained earnings, endowment, accumulated income, or other			31	
∍t /	32	Total net assets or fund balances		1,361,062	32	1,129,885
ž	33	Total liabilities and net assets/fund balances		1,361,062	33	1,129,885

Part	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)		383,	732
2	Total expenses (must equal Part IX, column (A), line 25)		614,	909
3	Revenue less expenses. Subtract line 2 from line 1		-231,	177
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		1,361,	062
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		1,129,	885
Part	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 Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		/
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 on Schedule O and describe any steps taken to undergo such audits.	3b	200	

Form **990** (2022)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SEATTLE INTERNET EXCHANGE

Employer identification number

91-2148657

Part	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a. Complete Part III to provided				
	☐ First-class or charter travel ☐ F	Housing allowance or residence for personal use			
	☐ Travel for companions ☐ F	Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ F	Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ F	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the or or reimbursement or provision of all of the expense				
	explain		1b		
2	Did the organization require substantiation prior to directors, trustees, and officers, including the CEO/Exe 1a?	ecutive Director, regarding the items checked on line	2		
3	Indicate which, if any, of the following the organization usorganization's CEO/Executive Director. Check all that a related organization to establish compensation of the C	oply. Do not check any boxes for methods used by a			
	☐ Compensation committee ☐ V	Vritten employment contract			
	☐ Independent compensation consultant ☐ C	Compensation survey or study			
	☐ Form 990 of other organizations ☐ A	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Par organization or a related organization:	t VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control pay	ment?	4a		/
b	Participate in or receive payment from a supplemental r	onqualified retirement plan?	4b		٧
С	Participate in or receive payment from an equity-based	compensation arrangement?	4c		>
	If "Yes" to any of lines 4a-c, list the persons and provide	e the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organ	izations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of:				
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of:	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?	_	6b		
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A,	line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," described	cribe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid				
	to the initial contract exception described in Regu				
	in Part III		8		
9	If "Yes" on line 8, did the organization also follow Regulations section 53.4958-6(c)?		9		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

nde: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line Ta, applicable column (D) and (E) amounts for that individual.	eacn	Isted individual mu) listed individual must equal the total amount of Form 990, Fa	ount of Form 990, Pai	τ VII, Section A, line	la, applicable column	ו (ט) and (ב) amounts	s for that individual.
(A) Name and Title	- 1-	(i) Base	(ii) Bonus & incentive	(iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported
		compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990
Christian Koch, Director (term	≘	0	0	0	0	0	0	0
	3	0	0	0	0	0	0	0
	Ξ							
2	(ii)							
	Ξ							
3	(E)							
	≘							
4	(ii)							
	=							
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	=							
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ממוניסומ וווסווומנוסוי.
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information
Part III Supplemental Information
Schedule J (Form 990) 2022 Page 3

SCHEDULE L (Form 990)

(10)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open To Public
Inspection

SEA	TTLE INTERNET EXCH	ANGE								91-	21486	57		
Par		fit Transaction ne organization											40b.	
1 (a) Name of disqualified person		fied person	(b) Relationship between disqualified person and					(c) Description of transaction			n	(d) Correcte		rrected
		organization				Yes	No							
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount of under section 4958	3							ring the	e year 	\$_			
3	Enter the amount of	of tax, if any, on	i line 2, above,	reimbi	ırsea by	tne organi	zatio	n			\$_			
Par (a) N	Complete if the	l/or From Interne organization eported an ame	answered "Ye	es" on F 990, Pa (d) Lo fror	art X, line an to or m the		2. nal	e 38a or Form 9		urt IV,	(h) Ap	proved pard or	(i) W	ritten ment?
				To	ization? From	-			Yes	No	Yes	No	Yes	No
(1)				10	FIOIII				168	NO	162	NO	162	NO
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Tota	l							\$						
Pari		sistance Bene ne organization				0, Part IV, li	ine 27	7.						
			onship between interested on and the organization (c) Amount of assistance			(d) Type of assistance (e			e) Purpose of assistance					
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														

Schedule L (Form 990) 2022 Page **2**

Part IV Business Transactions Invo Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 28a, 2	28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	
(1)				Yes	No
(1) Altopia Corporation	Chris Caputo, Secretary/T	182,856	Consulting services		~
(2)					-
(4)					1
(5)					
(6)					
(7)					
(8)					
(9)					-
(10) Part V Supplemental Information.					
Provide additional information	n for responses to questions	on Schedule L (see	instructions).		

SCHEDULE 0 (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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

SEATTLE INTERNET EXCHANGE	91-2148657						
Form 990, Part VI, Section A, Line 6 - The Members elect the Board of Directors and are also able to amen	d the Bylaws.						
Form 990, Part VI, Section A, Line 7a - The Members elect the Board of Directors and are also able to amend the Bylaws.							
······································							
Form 990, Part VI, Section A, Line 7b - The Members elect the Board of Directors and are also able to amend the Bylaws. Only the							
Members may amend Articles 6 and 7 of the Bylaws.							
monitorio may among vinasioo vana v orano bytano							
Form 990, Part VI, Section B, Line 11b - A draft of the Form 990 is emailed to the Board of Directors for re-	view and comment prior to filing						
Total coo, rait vi, coolidi b, billo rib ra didit of the rotal coolid children to the board of billoctors for re-	view and comment, prior to imig.						
Form 990, Part VI, Section C, Line 19 - The governing documents and financial statements are available to	the nublic at:						
https://www.seattleix.net/docs/documents and https://www.seattleix.net/gov							
integration in the control of the co							