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# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the	2009 cal	endar year, or tax year beginning ar	nd ending								
В	Check if	Please	C Name of organization		D Employer identific	cation number						
	applicable	use IRS	KAREN MAYERS GAMORAN FOUNDATION									
	Addres change	s label or print or	C/O SEATTLE JEWISH FEDERATION									
	Name change	type	Doing Business As		20-051	5144						
	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address	) Room/suite	E Telephone numbe	r						
	Termin- ated	Specific Instruc-	2031 THIRD AVENUE		(206)7	74-2229						
	Amend	ed tions	City or town, state or country, and ZIP + 4		G Gross receipts \$	328,306.						
	Applica	1-	SEATTLE, WA 98121		H(a) Is this a group re	eturn						
	pendin	g F Nar	ne and address of principal officer:NANCY GEIGER		for affiliates?	Yes X No						
			AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No						
ī	Tax-exe	mot stati	us: x 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 52	27	If "No," attach a	list (see instructions)						
			.JEWISHINSEATTLE.ORG		H(c) Group exemptio	n number						
			n: x Corporation Trust Association Other	L Year	of formation: 2003 N	A State of legal domicile: WA						
		Summ			····							
Ь			scribe the organization's mission or most significant activities. SUPPO	ORTING ORG	ANIZATION OF THE							
Governance	1		FEDERATION OF GREATER SEATTLE.									
na	2		s box I if the organization discontinued its operations or dis	nosed of more	e than 25% of its net as	ssets						
Ver	3 1		of voting members of the governing body (Part VI, line 1a)	p0000 01 111011	3	3						
			of independent voting members of the governing body (Part VI, line 1)	n)	4	3						
<b>ಿ</b> ೮	5		wher of employees (Part V, line 2a)	<i>-</i> ,	5	0						
ij	. ءِ ا		aber of volunteers (estimate if necessary)		6	3						
Activities &	6 70		s unrelated business revenue from Part VIII, column (C), line 12		7a	831.						
ĕ		_	ated business taxable income from Form 990-T, line 34		7 <u>b</u>	0.						
_	+ 5 '	vet unien		T T	Prior Year	Current Year						
	8	Contribut	ions and grants (Part VIII, line 1h)	i -	11101 1001	- Currone rous						
Ę	9 1		service revenue (Part VIII, line 2g)	31  -								
Revenue	10		nt income (Part VIII, inite 29)		66,760.	25,737.						
æ	10		service revenue (Part VIII, line 2g)  nt income (Part VIII, column (A), lines 3, 4, and (7d) 1 6 2010  enue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e)	<b>}</b> † ⊢		<u>'</u>						
	4		enue (Fart VIII, Column (A), inles 5, od, oc, oc, oc, and Tre)	~ } —	66,760.	25,737.						
			nue - add lines 8 through 11 (must equal Part VIII) column (A) line 12 id similar amounts paid (Part IX, column (A) lines 1.37	<del>'   -   -</del>	227,518.	32,000.						
			paid to or for members (Part IX, column (A), line 4)									
		-										
Ses	15		other compensation, employee benefits (Part IX, column (A), lines 5-1	" ⊢								
Expenses	loa		nal fundraising fees (Part IX, column (A), line 11e)	-	The same of the sa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Ĕ	` ^ .		draising expenses (Part IX, column (D), line 25)	<del></del>  -	13,999.	8,951.						
	1	•	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	241,517.	40,951.						
		•	enses. Add lines 13-17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12		<174,757.	<15,214.3						
<u>_</u> 6		Revenue	less expenses Subtract line 16 from line 12	- R	eginning of Current Year	End of Year						
Net Assets or	<b>€</b>   <b></b>	Takal aaa	ata (Dark V. lina 46)	<u>                                   </u>	2,355,370.	2,861,574.						
SSE	20		ets (Part X, line 16)	<u> </u>	1,185,036.	1,070,000.						
let/	21		lities (Part X, line 26)	<u> </u>	1,170,334.	1,791,574.						
	art II		s or fund balances Subtract line 21 from line 20 ture Block									
, <b>Ľ</b>	<u> </u>	1. •	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statements,	and to the best of my knowled	ige and belief, it is true, correct,						
• 2		and comple	ete Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge	,							
S Cir			hancy Five		1 11/12	110						
Sig	_	Sign	nature of officer		Date	<del>   </del>						
չ He	ere		NCY GEIGER, TREASURER									
ĺ			e or print name and title			<del></del>						
	-		. Data			er's identifying number						
Pa	id	Preparer' signature	$^{\circ}$	l se	elf- (see in	P0000565						
Pre	eparer's	signature   CLARK NUBER PS   EIN > 91-1194016										
Us	e Only	yours if self-employ	CHARK NUBER, FS		LIN P JI-I							
:		address, a	BELLEVUE, WA 98004		Phone no. ► 4	25-454-4919						
· <del></del>			s this return with the preparer shown above? (see instructions)		i none no.	X Yes No						

Form 990 (2009)

C/O SEATTLE JEWISH FEDERATION

Par	rt,III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
	KAREN MAYERS GAMORAN FOUNDATION IS A SUPPORTING ORGANIZATION OF THE	
	JEWISH FEDERATION OF GREATER SEATTLE. IN ADDITION, THE FOUNDATION IS	<del></del>
	INVOLVED IN SUPPORTING OTHER ESTABLISHED AND QUALIFIED ORGANIZATIONS	
	INVOLVED IN RELIGIOUS, CHARITABLE OR EDUCATIONAL PURPOSES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	Yes X No
	·	
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Lifes Life
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 32,000. including grants of \$ 32,000.) (Revenue \$	0.)
	KAREN MAYERS GAMORAN FOUNDATION SUPPORTS SEVERAL CHARITABLE	
	ORGANIZATIONS THROUGH GRANTS AND OTHER CHARITABLE DONATIONS. THE	
	GRANTS TO OTHER BENEFITING ORGANIZATIONS IS WITHIN THE EXEMPT PURPOSE	
	OF THE SUPPORTED ORGANIZATION.	
	(C. I. ) (December 1)	
4b	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		<del></del>
		***
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	(4,000)	,
		<del></del>
		·
4d	Other program services. (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ►\$ 32,000.	<del></del>
-	i atai pi agi ani dal tida anponada. 4	

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Pai	t IV Checklist of Required Schedules			
			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	х	
2	is the organization required to complete Schedule B, Schedule of Contributors?	_2	<u> </u>	х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		1	
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	<u> </u>	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	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	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ	х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			l
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			l
	If "Yes," complete Schedule D, Part V	10	ļ	X_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	١		,,
	as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1-3	1. I. F	
	Part VI	1. 4-1 ∞1	34.	4.5
•	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	-	1.13. 5.7	- 0
•	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  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	1	7.7=	
	Part X, line 16? If "Yes," complete Schedule D, Part IX.	1.2 -		1
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	9.4	~	·
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ſ	1	
	the organization's slability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	25		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	17.50	7-	
-	Schedule D, Parts XI, XII, and XIII.	12	'-	х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	) en	pr	Egg-Eu
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	7-	195 195	755
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	- 100 - 100	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	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? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	1	Х

Form **990** (2009)

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Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX. Committed Schedule I, Part I and II   22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. Committed Schedule I, Part I and III   23 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. Committed Schedule II. Part I and III   24 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. Committed Schedule II. Part III   25 Did the organization has were the Schedule II. Part III and III   26 Did the organization have a tax-exempt bonds sure 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 240 through 24d and complete Schedule III III III III III III III III III I			ĺ	Yes	No
22 but the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2? If "Yes," complete Schedule I. Parts I and I and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Island that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Island that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Island Isla	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
column (A), line 27 if "Yes," complete Schedule I, Parts I and III  2 Ind 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 I I If "No", go to line 25  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 240 through 24d and complete Schedule X If "No", go to line 25  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  did the organization and as an ino behalf of "issuer for bonds outstanding at any time during the year?  did the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year?  did the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year?  did the organization are self-organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person our same did to the properties of the part I was a constitution, or a grant election committee member, or to a person related to such an individual If "Yes," complete Schedule L, Part II  Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV  a National Part I will be organization and party to a business transaction with one of the following parties, (see Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee. If "Yes," complete Schedule L, Part			21	Х	
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 Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is If It is ye to 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 Is If It is organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  Did the organization as an 'in behalf of' issuer for bonds outstanding at any time during the year?  Did the organization as an 'in behalf of' issuer for bonds outstanding as any time during the year?  Did the organization as an 'in behalf of' issuer for bonds outstanding as any time during the year?  Did the organization as an 'in behalf of' issuer for bonds outstanding as any time during the year?  Did the organization as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV  Did the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L,	22	· · · · · · · · · · · · · · · · · · ·			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I but 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 I. If "No", go to line 25 b Dd the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? c Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Sa Section 501((3) and 501((3)4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part II b Is the organization act at a regiged 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-E2? If "Yes," complete Schedule I., Part II b Mas a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I., Part IV  Was the organization a party to a business transaction with one of the following parties, (see Schedule L., Part IV and the organization aparty to a business transaction with one of the following parties, (see Schedule I., Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedul		• •	22		Х
Schedule J  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", 50 to line 25  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  28 Did the organization and that the transactions. Did the organizations page in an excess benefit transaction with a disqualified person unit a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II yes," complete Schedule L, Part II yes, to a business transaction with organization sprior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II yes, to a push or year, and that the transaction a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions?  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions?  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions of art, historical treasu	23	· · · · · · · · · · · · · · · · · · ·			
24a Dd 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 25  b Dd the organization maintain an acrow account other than a refunding escrive at any time during the year to defease any tax-exempt bonds?  d Did the organization maintain an acrow account other than a refunding escrive at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  Section 501(x)3 and 501(x)4) and 501(x)4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ĺ		
alsat 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 22 b Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-evempt bonds?  do the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-evempt bonds?  do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  do the organization waver that it engaged in an excess benefit transaction with a disqualified person out or year, and that the transaction has not been reported on any of the organization in which a current of former officer, director, trustee, key employee on 900-EZ? If "Yes," complete Schedule L, Part II  do the organization aparty to a business transaction with one of the following parties, (see Schedule L, Part IV  and the proparation of participation aparty to a business transaction with one of the following parties, (see Schedule L, Part IV  b A farmity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  and the organization aparty to a business transaction with one of the following parties, (see Schedule L, Part IV  b A farmity of which a current or former officer, director, trustee, or key employee? I		Schedule J	23	<u> </u>	X
Schedule K. If *No*, go to line 25 b Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If *Yes, *complete Schedule L, Part I 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-E27 if *Yes, *complete Schedule L, Part I and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if *Yes, *complete Schedule L, Part II and the transaction provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If *Yes, *complete Schedule L, Part II and the organization provide a grant or other assistance to an officer, director, trustee, key employee, thighly compensated employee, or disqualified person outstanding as of the end of the organization of part iii and the organization of part ii and the organization aparty to a business transaction with one of the following parties, (see Schedule L, Part IV b A family member of accurrent or former officer, director, trustee, or key employee? If *Yes, *complete Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions? If *Yes, *complete Schedule L, Part IV and the organization oreoneve contributions of art, histonical treasures, or other similar assets, or qualified conservatio	248	· · · · · · · · · · · · · · · · · · ·		ŀ	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year if 'exe,' complete Schedule   Part    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on a pror year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-EZ? If "Yes," complete Schedule   Part    Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule   Part   II    25b		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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	-		38	x	
			Form	990 (	2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

			•		Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of										
	U.S. Information Returns. Enter -0- if not applicable	1a	(	2							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(	2							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming								
	(gambling) winnings to prize winners?		•	1c							
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	(	2							
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			1	£	· , , , ,					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4a		х					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	If "Yes," enter the name of the foreign country:		<del></del>	-	• :	, ,					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	and		· 						
_	Financial Accounts.				T .	x					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		•	5a 5b		<u>x</u>					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction to the party of the par			_ <del>3</del> 0							
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardax Shelter Transaction?	arumg	Prombited	5c							
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he ora	anization solicit	130							
Va	any contributions that were not tax deductible?	ne org	ariization solicit	6a		х					
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions o	r aifts								
-	were not tax deductible?		. g	6b							
7	Organizations that may receive deductible contributions under section 170(c).				ر خ	- \					
	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							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred								
	to file Form 8282?		•	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			, pp	'A'					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a page 10 miles of the organization of the or	person	al	-	, <u>.</u>	5					
	benefit contract?			7e		<u> </u>					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous			7f		Х					
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required.		10	7g							
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7h							
В	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding the section of the				1						
	at any time during the year?	ess Di	isiness noidings	8							
9	Sponsoring organizations maintaining donor advised funds.										
	Did the organization make any taxable distributions under section 4966?			9a		t -					
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	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 against										
	amounts due or received from them)	11b		1		•					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a	L						
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>	لــــا	<u> </u>					
				Form	990 (	2009)					

Form 990 (2009)

20-0515144

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.

Sec	tion A. Governing Body and Management						
			1	,		Yes	No
1a	Enter the number of voting members of the governing body	1a	<u> </u>	3			
b	Enter the number of voting members that are independent	1b	<u> </u>	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?				_2_		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervisi	on			
	of officers, directors or trustees, or key employees to a management company or other person?			ļ	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 99	0 was filed?	?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?			_5_		х
6	Does the organization have members or stockholders?				6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more more more more more more more	ember	s of the	}			
	governing body?		_	1	7a	х	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			- 1	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year		-		
	by the following.					-	1 _
	The governing body?			ŀ	<u>8a</u>	Х	
	Each committee with authority to act on behalf of the governing body?			ŀ	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the		_		v
2	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- O-d-1		9		<u>x</u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenu	e Code)			V	<u> </u>
40-	Describe assessment to be a local about the boundary boundary as efficiency			ſ	10a	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	oboni	ore efficien	<u> </u>	iua		
b	If "Yes," does the organization have written policies and procedures governing the activities of such	спарі	ers, annate	·s,	10b		
44	and branches to ensure their operations are consistent with those of the organization?  Has the organization provided a copy of this Form 990 to all members of its governing body before to	ilina th	ne form?	1	11		<u>x</u>
11 11	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iii iy ti	ie ioiiii;	ŀ		Ę	1
	Does the organization have a written conflict of interest policy? If "No," go to line 13			l	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld av	a risa	ŀ	120		
	to conflicts?	uiu giv	C 1130		12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	describe	1	<u></u>		
Ī	In Schedule O how this is done	,			12c		
13	Does the organization have a written whistleblower policy?			ı	13		х
14	Does the organization have a written document retention and destruction policy?			İ	14	х	
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent	t I	-	14 T 4	11 77
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		·		:	-	+411
а	The organization's CEO, Executive Director, or top management official			Į	15a		x
b	Other officers or key employees of the organization				15b		Х
	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 arrange	ment '	with a	Į	_	-	
	taxable entity during the year?			. ]	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization to evaluation adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written ado			tion			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janizat	ion's		3		-
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►WA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Т (501	(c)(3)s only)	available	for		
	public inspection, Indicate how you make these available Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest	policy, an	d fina	ıncıal	
00	statements available to the public.		anda ekst				
20	State the name, physical address, and telephone number of the person who possesses the books a JEAN CALLAHAN - (206)774-2229	ına red	oras of the	organizat	ion.	_	
	2031 THIRD AVENUE, SEATTLE, WA 98121					_	

Page 7

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

### 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. Use Schedule J-2 if additional space is needed.

- 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. 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.

(A) Name and Title	(B) Average			Pos			.1. 1	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KAREN MAYERS GAMORAN										
PRESIDENT & DIRECTOR	1.00	x		х		<u> </u>	_	0.	0.	0,
MICHELE ROSEN										
VICE-PRESIDENT/DIRECTOR	1.00	х		х	_	L		0.	0.	0
JANET GRAY										
DIRECTOR	1.00	Х		<u> </u>	<u> </u>	_	<u> </u>	0.	0.	0
NANCY GEIGER									06 865	3.045
TREASURER	1.00	<u> </u>	┢	x	┝	┝	-	0.	96,727.	3,047
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Page 8 20-0515144

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B) (C)				(D)	(E)			(F)				
	Name and title	Average	١,,		Pos				Reportable	Reportable			stımat	
		hours per		neck	all	tnat	app	iy)	compensation from	compensation from related	'	ar	nount othe	
		week	Individual trustee or director						the	organizations		com	pens	
			eord	stee		l	sated		organization	(W-2/1099-MIS	C)		rom tl	
			truste	Institutional trustee		a A	Highest compensated employee		(W-2/1099-MISC)			-	janiza id rela	
			wdua	itution	Officer	Key employee	hest c	Former					anızat	
			ρUI	Sul	IJIO	Key		103						<u> </u>
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1b	Total						<b></b>		0.	96,7	27.		3	,047.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wł	no re	eceived more than \$100	,000 in reportable				
	compensation from the organization												Yes	0
2	Did the exceptation lating former officer	director or tri	ot o o	leas		مامد	V00	ar h	aughost componented or	nalayaa an	Г	_ 1	res	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s		stee	, ke	en	ibio	yee,	Or I	iignest compensated er	ripioyee on		 3		x
4	For any individual listed on line 1a, is the su		le co	mpe	ensa	ation	n and	d oth	her compensation from	the organization	İ	<u></u> /1.		
	and related organizations greater than \$150									-		4		х
5	Did any person listed on line 1a receive or a	•			rom	any	y unr	elat	ed organization for serv	ices rendered to		-		4
	the organization? If "Yes," complete Sched tion B. Independent Contractors	ule J for such <sub>l</sub>	oers	on								_5_		Х
1	Complete this table for your five highest co	mnensated inc	dene	nde	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	nens:	ation	from	
•	the organization NONE	inpensated in	acpe		1110	0110	act	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hat received more than	φ100,000 01 comp	JC113	allon		
	(A)								(B)				C)	
	Name and business	address						4	Description of s	ervices	С	ompe	ensatio	on 
			_					$\dashv$	<del>-</del> · · · ·					
								$\dashv$						
								$\dashv$	-		_			
2	Total number of independent contractors (i		ot lii	mite	d to		se li: 0	sted	l above) who received in	nore than				

KAREN MAYERS GAMORAN FOUNDATION 20-0515144 Page 9 C/O SEATTLE JEWISH FEDERATION Form 990 (2009) Statement of Revenue Part VIII (D) (A) (B) (C) Revenue excluded from Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue Federated campaigns 1a 1b Membership dues c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 83,731. 84,562 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of 243,744. assets other than inventory b Less: cost or other basis 302,569 and sales expenses <58,825 c Gain or (loss) <58,825 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a 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 **Business Code** 11 a b

25,737

831

24,906.

Form 990 (2009)

0

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	32,000.	32,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
	Legal	1,089.		1,089.	
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			ç .	
f	Investment management fees	7,862.		7,862.	
g	Other				,
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
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				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	-			
а					
b					
С					
d				~	
е					
f	All other expenses			_	
25	Total functional expenses Add lines 1 through 24f	40,951.	32,000.	8,951.	0.
26	Joint costs. Check here   If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

C/O SEATTLE JEWISH FEDERATION

Pai	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II		-	
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	, a		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	7.7		
		Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	ł	Land, buildings, and equipment, cost or other			Salar Profession
		basis. Complete Part VI of Schedule D 10a		1	
	h	Less. accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	2,272,810.	11	2,803,604.
	12	Investments - other securities. See Part IV, line 11	82,560.	12	57,970.
	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 34)	2,355,370.	16	2,861,574.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	1,185,000.	18	1,070,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	- 1-1 <sub>2</sub>		
abi		highest compensated employees, and disqualified persons. Complete Part II			
3		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	36.	25	0.
	26	Total liabilities. Add lines 17 through 25	1,185,036.	26	1,070,000.
		Organizations that follow SFAS 117, check here   X and complete		, ,	是 图
es		lines 27 through 29, and lines 33 and 34.		, · <sup></sup>	
anc anc	27	Unrestricted net assets	1,170,334.	27	1,791,574.
3ala	28	Temporarily restricted net assets		28	
Jd E	29	Permanently restricted net assets		29	
표		Organizations that do not follow SFAS 117, check here   and		33-7	
ō		complete lines 30 through 34.			[[요][[[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>e</u> (	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,170,334.	33	1,791,574.
	34	Total liabilities and net assets/fund balances	2,355,370.	34	2,861,574.
					Form <b>990</b> (2009)

Form **990** (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

20-0515144

Part XI | Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2<u>a</u> 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2b b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х 2c review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis 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 X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2009)

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Yes

11g(i)

11g(ii)

11g(iii)

No

Х

X

32 000

Department of the Treasury
Internal Revenue Service

Name of the organization

KAREN MAYERS GAMORAN FOUNDATION

C/O SEATTLE JEWISH FEDERATION

Employer identification number 20-0515144

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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 that describes the type of supporting organization and complete lines 11e through 11h d \_\_\_\_ Type III - Other a X Type I b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) la		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
JEWISH FEDERATION									
OF GREATER SEATTLE	91-0575950	7	x		х		х		32,000
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			<u> </u>						·
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Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

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

the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

(ii) A family member of a person described in (i) above?

Schedule A (Form 990 or 990-EZ) 2009

Total

	edule A (Form 990 or 990-EZ) 2009 art II Support Schedule for	-		Sections 170	0(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(	Page 2
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)				
Se	ction A. Public Support					<del>_</del>	
Cal	endar year (or fiscal year beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	[					
	membership fees received. (Do not		İ				
	include any "unusual grants.")				<u> </u>		
2	Tax revenues levied for the organ-				1		
	ızatıon's benefit and either paid to	1	ĺ		ĺ	İ	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	ł					
	governmental unit or publicly		-			1	
	supported organization) included		_				
	on line 1 that exceeds 2% of the		}				
	amount shown on line 11,						
	column (f)	}					
_6_	Public support. Subtract line 5 from line 4					-	
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		•				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				<u> </u>		
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		- 4-			-	
12	Gross receipts from related activities	, etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	r the organization':	s first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3)	
	organization, check this box and stop						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage		·—	·,	
14	Public support percentage for 2009 (	line 6, column (f) d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	: II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box or	line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		-				▶□
t	33 1/3% support test - 2008. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2009.If the orga	anızatıon dıd not c	heck a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check t	nis box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
Ŀ	10% -facts-and-circumstances tes	t - 2008.If the orga	anization did not c	heck a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	d stop here. Explai	n in Part IV how the	• —
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a pub	olicly supported org	ganization	. ▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	7b, check this box	and see instruction	s ▶∟_

Pa	edule A (Form 990 or 990 EZ) 2009 rt III   Support Schedule for (	Organizations	Described in	Section 509(a	(Complete only	ıf you checked the bo	Page 3 ox on line 9 of Part I
	ction A. Public Support	,					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")				<del> </del>	ļ	<del></del>
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						
3	Gross receipts from activities that				İ		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7a	Amounts included on lines 1, 2, and	ļ					
b	3 received from disqualified persons 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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	e jez u u ujes	Tambers (T	THE WASSIGNERS	4-1-12		
	tion B. Total Support	<del></del>	<del></del>	<del>,</del>	γ	<del>, ,</del>	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6				<del>                                     </del>	<del> </del>	
ıua	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)					1	
	First five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						`▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2009 (	line 8, column (f) d	ivided by line 13,	column (f))		15	9/
16	Public support percentage from 2008			****		16	
<u>Sec</u>	tion D. Computation of Inve	stment Incom	e Percentage			<del></del>	
17	Investment income percentage for 20	<b>)09</b> (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a	_					7 is not
b	33 1/3% support tests - 2008. If the	•					and . —
	line 18 is not more than 33 1/3% che	anti shin hav and at	on hose The even	amation audition	حمييم بالمباطييم م مم	artad araanization	<b>▶</b> I I

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 C/O SEATTLE JEWISH FEDERATION	20-0515144 Page 4
Part IV Supplemental Information. Complete this part to provide t	the explanations required by Part II, line 10; Part II, line 17a or 17b;
and Part III, line 12. Provide any other additional information. See in	nstructions.
SCHEDULE A, PART I, LINE 11H, COLUMN (VII) - AMOUNT OF SUPPO	ORT PAID
AMOUNTS PAID FOR THE BENEFIT OF JEWISH FEDERATION OF	
GREATER SEATTLE: \$32,0	000
TOTAL SUPPORT: \$32,0	000
<u></u>	
	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service			► Attach to Form 990.	n 990.	5			Inspection
Name of the organization KAREN MAYEI	KAREN MAYERS GAMORAN FOUNDATION	TION					Employer ide	Employer identification number
	C/O SEATTLE JEWISH FEDERATION	NO					21	20-0515144
Part   General Information on Grants and Assistance	nts and Assistance							
1 Does the organization maintain records to substantiate the amount of the	ords to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	le grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	_	
criteria used to award the grants or assistance?  2. Describe in Part IV the organization's procedures for monitoring the use	assistance?	foring the use of grant	of grant funds in the United States.	States			<u>×</u> ]	X Yes No
<u></u>	e to Governments and	d Organizations in the	United States. Co	omplete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for	any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	than \$5,000. Check this	s box if no one recipien	it received more tha	an \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if addition	ial space is ne	☐ ▲ pape
1 (a) Name and address of organization or government	on <b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Pur	(h) Purpose of grant or assistance
UNITED WAY OF KING COUNTY							···-	
720 2ND AVENUE		509(A)(1) OR						
SEATTLE, WA 98104	91-0565555	(A)(2)	24,500.	0.	N/A	N/A	CHARITABLE	CAUSES
	-							
2 Enter total number of section 501(c)(3) and government organizations	:)(3) and government or	rganizations					<b>A</b>	1.
3 Enter total number of other organizations	ations						4	0.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instr	Reduction Act Notice,	see the Instructions	uctions for Form 990.				Schedul	Schedule I (Form 990) 2009

C/O SEATTLE JEWISH FEDERATION Schedule I (Form 990) 2009

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant SCHEDULE I, PART I, LINE 2: THE FOUNDATION DOES NOT MONITOR THE USE OF THE THE FUNDS ONCE THE GRANTS ARE PAID OUT TO THE RECIPIENT ORGANIZATION. FOUNDATION ASSUMES THAT THE ORGANIZATIONS ARE USING THE GRANTS IN (b) Number of recipients ACCORDANCE WITH THEIR STATED EXEMPT PURPOSE. (a) Type of grant or assistance

Schedule I (Form 990) 2009

## SCHEDUL'E O

Department of the Treasury Internal Revenue Service

(Form,990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

KAREN MAYERS GAMORAN FOUNDATION
C/O SEATTLE JEWISH FEDERATION

Employer identification number 20-0515144

FORM 990, PART VI, SECTION A, LINE 3: THE JEWISH FEDERATION OF GREATER
SEATTLE MANAGES THE KAREN MAYERS GAMORAN FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 6: THE FOUNDATION HAS TWO TYPES OF
MEMBERS. A FEDERATION MEMBER HAS THE EXCLUSIVE AUTHORITY TO ELECT TWO OF
THE FEDERATION CLASS OF THE BOARD OF DIRECTORS. A DONOR MEMBER HAS THE
EXCLUSIVE AUTHORITY TO ELECT ONE OF THE DONOR DIRECTOR OF THE BOARD OF
DIRECTOR. THE FEDERATION MEMBER IS ENTITLED TO TWO VOTES WHILE THE DONOR
MEMBER IS ENTITLED TO ONE VOTE.
FORM 990, PART VI, SECTION A, LINE 7A: A FEDERATION MEMBER HAS THE
EXCLUSIVE AUTHORITY TO ELECT TWO OF THE FEDERATION CLASS OF THE BOARD OF
DIRECTORS. A DONOR MEMBER HAS THE EXCLUSIVE AUTHORITY TO ELECT ONE OF THE
DONOR DIRECTOR OF THE BOARD OF DIRECTOR.
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE
OTHER COMMITTEES OTHER THAN THEIR GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11: THE JEWISH FEDERATION OF GREATER
SEATTLE ("FEDERATION") REVIEWS THE 990 AND FORWARDS IT TO THE PRESIDENT FOR
FURTHER REVIEW. THE TREASURER (WHO IS A MEMBER OF THE STAFF OF THE
FEDERATION) SIGNS THE 990 UPON APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING
DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

► See separate instructions.

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number 20-0515144

▶ Attach to Form 990. KAREN MAYERS GAMORAN FOUNDATION C/O SEATTLE JEWISH FEDERATION Name of the organization

Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets <u>e</u> Total income ₤ Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of disregarded entity Part II

Direct controlling entity N/A N/A Z/A status (if section Public charity 11A-TYPE III 501(c)(3)) 11A-TYPE I 11A-TYPE I 11A-TYPE I **e** OTHER Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) ਉ Legal domicile (state or foreign country) WASHINGTON WASHINGTON WASHINGTON WASHINGTON - 91-1577295, 2031 THIRD AVENUE, SEATTLE, WA GRANTWAKING TO SUPPORT THE GRANTMAKING TO SUPPORT THE GRANTMAKING TO SUPPORT THE BRANTMAKING TO SUPPORT THE Primary activity EWISH COMMUNITY TEWISH COMMUNITY EWISH COMMUNITY EWISH COMMUNITY <u>@</u> PRANCES ROTH & STANLEY R. SCHILL FOUNDATION DAVID & CATHY HABIB FOUNDATION - 91-2091080 91-1932440, 2031 THIRD AVENUE, SEATTLE, WA 91-1728977, 2031 THIRD AVENUE, SEATTLE, WA JEWISH DAY SCHOOL SUPPORTING FOUNDATION BIANCO FAMILY SUPPORTING FOUNDATION Name, address, and EIN of related organization SEATTLE, WA 98121 2031 THIRD AVENUE 8121

-HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

NAKEN BAIEKS GAROKAN FOUNDALLO

Schedule R (Form 990) 2009 C/O SEATTLE JEWISH FEDERATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) €  $\widehat{\boldsymbol{\Xi}}$ 9 Ξ **e** (P) e Part III

Page 2

(j) , General or managing partner?				<u>ا</u> ۾	tage						6003
Gene Gene Dari G				e relate	(h) Percentage ownership						690)
Code V.UBI amount in box 20 of Schedule K-1 (Form 1065)				ad one or more	(g) Share of Pend-of-year cassets						Schedule R (Form 990) 2009
oortion-				use it b							Sch
(h) Disproportionate allocations?				beca	) of total me						
(g) Share of end-of-year assets				art IV, line 34	(f) Share of total income						
	:	 -		Form 990, Pa	(e) Type of entity (C corp, S corp, or trust)					3	
(f) Share of total income				ed "Yes" to				:			1
(e) Predominant income (related, unrelated, colluded from tax under sections 512-514)				ion answer	(d) Direct controlling entity						
(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)				ne organizat	(c) Legal domicile (state or foreign country)						
(d) Direct controlling entity				Trust (Complete if th	(b) Primary activity						
(c) Legal domicile (state or foreign country)			:	poration or x year )	- A		11		<u> </u>		
(b) Primary activity				Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	Z c						
(a) Name, address, and EIN of related organization				Part IV Identification of Related Org	(a) Name, address, and EIN of related organization						932162 07-21-10

Schedule R (Form 990) 2009 C/O SEATTLE JEWISH FEDERATION

Part V Transactions With Related Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Page 3

20-0515144

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a X
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b X
c Gift, grant, or capital contribution from other organization(s)	Tc X
d Loans or loan guarantees to or for other organization(s)	1d X
e Loans or loan guarantees by other organization(s)	1e X
f Sale of assets to other organization(s)	1f X
g Purchase of assets from other organization(s)	1g X
h Exchange of assets	1h x
i Lease of facilities, equipment, or other assets to other organization(s)	;= ×
i Lease of facilities. equipment, or other assets from other organization(s)	×
k Performance of services or membership or fundraising solicitations for other organization(s)	
l Performance of services or membership or fundraising solicitations by other organization(s)	
m Sharing of facilities, equipment, mailing lists, or other assets	1m
n Sharing of paid employees	1n ×
o Rembursement paid to other organization for expenses	×
<b>q</b> Other transfer of cash or property to other organization(s)	10 ×
r Other transfer of cash or property from other organization(s)	1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tion thresholds
(a) Name of other organization(s)	(b) (c) Transaction Amount involved type (a-r)
(1)	
(2)	
(3)	
(4)	
(5)	
<b>10)</b> 932153 02-04-10	Schedule R (Form 990) 2009

20-0515144

Page 4

C/O SEATTLE JEWISH FEDERATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)	(c)	(P)	(e)	€	(b)	Ξ	
Name address and FIN	Primary activity	elicimob lena I	Are all partners	Share	Dispropor-	Code V-UBI		al or
of entity		(state or foreign	section 501(c)(3) organizations?		tionate alfocations?	amount in box 20	managing partner?	ging er?
		country)	Yes No		Yes No	(Form 1065)	Yes	N <sub>o</sub>
							_	
			.,_					
						_		
		3						
								-
						Schedule R (Form 990) 2009	7 (066 u	2009

Page 2

20-0515144

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Schedule R-1 (Form 990) 2009 C/O SEATTLE JEWISH FEDERATION

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R-1 (Form 990) 2009 Direct controlling entity N/A A/Z A/A N/A N/A N/A status (if section Public charity 501(c)(3)) 11A-TYPE I 11A-TYPE I 11A-TYPE I 11A-TYPE I 11A-TYPE I (e) Exempt Code 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 9 Legal domicile (state or foreign country) 3 WASHINGTON WASHINGTON WASHINGTON WASHINGTON WASHINGTON SRANTMAKING TO SUPPORT THE SRANTMAKING TO SUPPORT THE GRANTMAKING TO SUPPORT THE GRANTMAKING TO SUPPORT THE GRANTMAKING TO SUPPORT THE GRANTMAKING TO SUPPORT THE Primary activity JEWISH COMMUNITY JEWISH COMMUNITY JEWISH COMMUNITY JEWISH COMMUNITY JEWISH COMMUNITY JEWISH COMMUNITY 91-2022061, 2031 THIRD AVENUE, SEATTLE, WA 91-0575950, 2031 THIRD AVENUE, SEATTLE, WA 91-1728733, 2031 THIRD AVENUE, SEATTLE, WA WOMEN'S ENDOWMENT FOUNDATION - 91-1455532 JEWISH FEDERATION OF GREATER SEATTLE -SPITZER FAMILY FOUNDATION - 91-1548339 SAMUEL ISRAEL FOUNDATION - 86-1064950 RICHARD & BARRIE GALANTI FOUNDATION TODD & DONNA ROSENBERG FOUNDATION Name, address, and EIN of related organization SEATTLE, WA 98121 SEATTLE, WA 98121 SEATTLE, WA 98121 2031 THIRD AVENUE 2031 THIRD AVENUE 2031 THIRD AVENUE 98121