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Form **990**

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

_													
_	For the	2009 calend	lar year, o	or tax year beginning		2009, a	nd endir	<u>ng</u>					
В	Check if a	applicable	Please use	C Name of organization					D Employ	er Identif	ication	Number	
	Addr	ress change	IRS label	Seattle Police For	ndation					21715			
	Nam	ne change	or print or type.	Number and street (or P O box if	mail is not delivered to	street add	r) Room/s	uite	E Telepho	one numb	er		
	Initia	al return	See specific	PO Box 456					(20	6) 68	34-0	373	
	Tern	nınatıon	instruc- tions.	City, town or country		State 2	ZIP code + 4	1					
	==	ended return		Seattle		WA	98111-	-0456	G Gross	eceints \$	4	42,934	
	=	lication pending	F Name a	and aggress or principal officer			30111		a group retu			Yes	X No
		neation pending		opkins PO Box 456	Seattle	TAT 25.	98111	1	affiliates inc			Yes	No
_			_				527	If 'No,'	attach a list	(see insti	ruction		
÷		exempt statu			4947(a)(1)	or _	1527						
<u></u>			_	tlepolicefoundatio		т			exemption n				
≓ <u>K</u>		of organization	X Corpor	ation Trust Association	Other ►	L Ye	ar of Forma	tion 200	2 M:	State of le	gal do	micite WA	
<u> </u>	art I	Summa											_
_				ganization's mission or most si	gnificant activities:	Fos	ster_c	ommuni	ty sup	port	_£0	<u></u>	
ີ. ຮ	_t	t <u>ne Seat</u>	tle_Po	olice Department.									
Ę,	-		- -						-				
UEU ∭ ⊕ Governance	-												
ã,Œ				if the organization discontinue		dispose	ed of mor	e than 25	% of its a				
⊸ જ				bers of the governing body (Pa		1 11					34		
<u> </u>	ľ		•	t voting members of the govern	ning body (Part VI,	line ib))				34		_
₹ ₹	1			yees (Part V, line 2a)						5 6 3	35		
3				eers (estimate if necessary)	L laalumn (C) una	10 -				7a	55		
36	1	-		ousiness revenue from Part VII s taxable income from Form 99		12				7 b			0.
Activities &	l Div	vet universited	Dusiness	taxable income from Form 99	0-1, lifle 34					1 / 10			
	١							<u> </u>	rior Year			urrent Y	
9	1		_	ts (Part VIII, line 1h)					598,6	04.		403	<u>,231.</u>
Revenue	1	-		ue (Part VIII, line 2g)									006
ě	1			art VIII, column (A), lines 3, 4,						65.			,036.
_				II, column (A), lines 5, 6d, 8c,			•••	<u> </u>	-10,0				184.
				nes 8 through 11 (must equal f		A), line	12)		594,2	$\overline{}$			<u>,083.</u>
				offine paid (Part IX, column (A					219,0)54.		207	,025.
		N A		members (Part) X, column (A)									
ø	15 S	Salaries, othe	r comper	nsation, employee benefits (Pa	rt IX, column (A),	lines 5-	10)						
g	16a F	rofessional	lundraisin	iğ fees (Part IX, column (A), lıı	ne 11e)								
Expenses	ЬТ	11 11		nses (Part IX ocqumn (D), line		43	3,225.						
Ū	17 (Column (A), lines 11a-11d,					372,	772		365	,845.
	18 T	Cotal expens		nes 13-17 (must equal Part IX,	column (A) lune 3	25)			591,8				,870.
		· · · · · · · · · · · · · · · · · · ·		•	• •	-5)							
		revenue less	expense	s. Subtract line 18 from line 12				+		129.			<u>,787.</u>
ecte or signicee								Begi	nning of \			End of Ye	
3 g g	20 1	otal assets	•	· ·					513,7				<u>,232.</u>
Net Ap	21 T	Total liabilitie	•	•					171,			143	<u>,811.</u>
	1 22			ances Subtract line 21 from lir	ne 20				342,2	208.		169	<u>,421.</u>
P	art II	Signate	ure Blo	ck									
		Under penaltie	s of perjury,	I dectare that I have examined this return Declaration of preparer (other than off	rn, including accompany	ing sched	ules and sta	tements, and	to the best	of my kno	wledge	and belief,	ıt ış
	-	Timer-correct, a	Complete	, beclaration of preparer (orier trian on	icer) is based on all into	THE GOTT OF	willen prep	arer nas any	All	-1.			
Si	gn	10	nlo	HANKIND					11114		<u>) </u>		
He	ere	Signature	of officer		. <u>^`</u> .	/	_	Da	ate (1			
		Rene	e Hopk	ins Explus	ive lire	LTOX							
_		Type or p	rint name an	d title /									
					<u> </u>	Da	ite		heck if	Pre	parer's	s identifying uctions)	number
Pa	aid								elf- mployed ►			,	
Pr	'e- .	Preparer's signature	► Jef	f Anderson, CPA				آ ا	. •	_			
	ırer's	Firm's name (ERSON FINANCIAL MANA	ACEMENT AND A	CCOIT	NTING	PIJC					
Ų		yours if self-							INI ►				
Oı	nly	employed), address, and		Union St., Suite		00101			IN P				
		ZIP + 4		ttle		98101 `			hone no		Ų.	V	N.
Ma	y the IR	alscuss th	is return v	with the preparer shown above	(see instructions	·					Х	Yes	No

Form	990 (2009)	Seattle_Pol	Lice Fo	undation_				91-	21715	29		Page 2
Pa	ti∭ St	atement of Prog	ram Ser	vice Accom	plishments	-						
1	Briefly desc	ribe the organization	's mission									
	Foster	community su	pport 1	for								
	the Sea	ttle Police	Depart	ment.								
2	_	anization undertake a	any signific	ant program se	ervices during th	e year which	were not list	ted on the prior	_		_	
	Form 990 or									Yes	X	No
	=	cribe these new serv						_				
3	•	anization cease cond	-	-	nt changes in ho	w it conducts	, any progra	m services?		Yes	X	No
_		cribe these changes								5 0.		
4	and 501(c)(e exempt purpose ac 4) organizations and and revenue, if any, t	section 49	47(a)(1) trusts	are required to	three largest report the arr	t brogram se nount of grar	ervices by expension and allocation	ses Sect is to othe	ers, the	total	
	(Code:) (Expenses	. . .	246,346.	ıncludına arani	s of \$	249.5	22.) (Revenue	\$			0.)
	Grants					`					-	<u> </u>
		\$24,000 to	SPD to	fund sev	en project	s that h	elped S	PD strengt	hen			
		y partnershi										
		Support Team										
		rgency prepa										
	to supp	ort five pro	jects 1	that help	ed SPD enh	ance spe	cialize	d employee	trai	ng		
	and dev	elopment pro	grams.	Projects	in 2009 i	ncluded	support	for SPD's	Hono	r_Gu	ard,	_
	sponsor	ship of the	6th Ani	nual Elde	r Abuse Co	nference	, suppo	rt for a c	onfid	<u>enti</u>	al_	 _
	crisis	referral ser	vice fo	or public	safety em	ployees,	and sp	onsorship	of a			
	two-day	women and f	amilie	s in poli	cing confe	rence, c	alled "	Strong Alc	ne			
		990, Page 2, Part III,										
4) (Expenses Awards Bangu		107,611.	_ including gran	s of \$		0.) (Revenue	\$			<u>0.</u>)
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4	c (Code:) (Expenses	\$ \$	105,023.	including gran	s of \$		0.) (Revenue	\$			0.)
	Other	, , , , , , , , , , , , , , , , , , ,		•								
	Sponsor	ed five "Pic	nic at	the Prec	inct" even	ts at SE	D's Eas	t, South,	South	west		
		and North Pre										
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		Enforcement								vent	ion.	
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		precinct and			_ =====================================	- 19_ 24_ 26		= _ 				
		red Holiday B			in each o	f SPD's	five Pr	ecincts.				
		rs were treat										
	7-1-061											
4	d Other progr	ram services. (Descr	ibe in Sche	edule O.)								
•	(Expenses			including gran	ts of \$) (Rev	enue \$)	
4		ram service expense			,980.							

Page 3 91-2171529 Form 990 (2009) Seattle Police Foundation | Part IV Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 X Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х 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 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Х Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 10 Х Yes,' complete Schedule D, Part V 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or 11 X X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI 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 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X • 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? If'Yes,' complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X No Yes 12AWas the organization included in consolidated, independent audited financial statement for the tax 12 A Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b Х 1! 15 Х 16 Х

15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II
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
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
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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. Jine 9a? If 'Yes.'

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

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complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Did 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 III 22 X 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 23 X 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and 24a X complete Schedule K. If 'No, go to line 25 24b 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 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х 25a 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-EZ? If 'Yes,' complete 25b Х Schedule L. Part I Was 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 L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c 29 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, Complete Schedule M30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 and 301.7701-3 If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37

Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2009) Seattle Police Foundation	91-2171529	F	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	7		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reporta (gambling) winnings to prize winners?	able gaming	<u> </u>	
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			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	⁷ 2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see inst	tructions)	[
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			х
b 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 auth financial account in a foreign country (such as a bank account, securities account, or other financial acco	hority over, a bunt)? 4a		х
b If 'Yes,' enter the name of the foreign country:	,		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank Financial Accounts.	k and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n? 5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardin Tax Shelter Transaction?	ng Prohibited	_	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or solicit any contributions that were not tax deductible?	rganization 6a		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions of deductible?	or gifts were not 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds and senuces	<u> </u>	
provided to the payor?	7a	_	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re Form 8282?	equired to file 7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		ļ	ļ
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persibenefit contract?	onal 7e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	⁷ 7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<u> </u>	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	required? 7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization or a donor advised fund maintained by a sponsoring organization, have excess to support organization.	business		
holdings at any time during the year?	8	+	Х
9 Sponsoring organizations maintaining donor advised funds.		1	
a Did the organization make any taxable distributions under section 4966?	9a	+	X
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 1	<u> </u>	X
10 Section 501(c)(7) organizations. Enter:			
a 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			
11 Section 501(c)(12) organizations. Enter.			
a Gross income from other 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.)		<u> </u>	-
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	⁷ 12a	1	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

No

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Form 990 (2009) Seattle Police Foundation 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. Governing Body and Management Section A. Yes 1a|34 1a Enter the number of voting members of the governing body **16** 34 **b** Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a material diversion of the organization's assets?

6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

Is there any officer, director or 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 in Schedule O

7 b Х 8a X 86 Х 9 Х

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7 a

Section B. Policies (This Section B requests information about policies not required by the Internal

Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates?

- **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
- 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
- 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990
- 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13
 - b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise
 - c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done
- 13 Does the organization have a written whistleblower policy?
- 14 Does the organization have a written document retention and destruction policy?
- 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?
 - a The organization's CEO, Executive Director, or top management official
 - **b** Other officers of key employees of the organization

If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)

- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 - b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		Х
10b		
11		X
12a	Х	
12b	L	X
		١
12c		Х
13		Х
14		X
100		7
		7
15a		X
15b		X
	1	
16a		X
100		kijes Krijs
<u> 165</u>	1 . C. S. S. S. S.	1.2.5 1.2.5
16b		

Section	C	Disc	losu	ires

17	List the states with whi	ch a copy of this Form 990 is required to be filed >	Washington
		1 1 1 1 5 5 5 1 1000 (11004)	

18	Section 6104 requires an organization to inspection. Indicate how you make these	o make its Forms 1023 e available. Check all th	(or 1024 if applicable), 9 at apply.	990, and 990-T (501(c)(3)s	s only) available for public
	Own website Another	s website 🛛 🗓	Upon request		

19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy,	and financial
	statements available to the public.	

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ Jeff Anderson, CPA 601 Union St. STE 4200 Seattle WA	98101	(206) 652-3383
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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 is 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)	(B)			•	;)			(D)	(E)	(F)
Name and Title	Average hours	Posi	tion (all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	ਜ਼ਰੀਆਂਟ੍ਰਾ ਬ੍ਰੀ ਮੁਹਲਵਿਵ ਹਵਾਜ਼ਿਲਾਨਕ	aspery percentages	Offirer	Key amployee	Higt est compensated employee	Former	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
Sam Baker Fundraising Chair	2.00	х		х				0.	0.	0.
Beth Knox Board Development Chair	2.00			х				0.	0.	0.
Suzie Burke Board member	1.00	х						0.	0.	0.
Mike Burns Board member	1.00	х						0.	0.	0.
Tracy Edgers Board member	1.00	х						0.	0.	0.
Arthur_JacksonBoard member	1.00	х						0.	0.	0.
John Jessen Board member	1.00	x						0.	0.	0.
James Johnson Board member	1.00	х_						0.	0.	0.
Steve Johnson Board member	1.00	Х						0.	0.	0.
Kate Joncas Board member	1.00	х						0.	0.	0.
Joe Coluccio Board member	1.00	х						0.	0.	0.
Becky Fann Board member	1.00	х						0.	0.	0.
Craig Peterson Board member	1.00	х		_			_	0.	0.	0.
Charles Riley Board member	1.00	х						0.	0.	0.
Jeff Roe	1.00	x	_		_			0.	0.	0.
Peter Rose Board member	1.00	x	_	_	_		_	0.	0.	0.
Rev. Michael G. Ryan Board member BAA	1.00					/10/09	L	0.	0.	0 . Form 990 (2009

Part VII Section A. Officers, Directors, Trust	(B)	ley			oye c)	es,	and	(D)	(E)	loyee	(F)	<i>((.)</i>
Name and Title	Average	Posi	tion (•	•	hat ar	(vlan	, ,	(E) Reportable	ے ا	stimated	
Name and Title	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	reputation from related organizations (W 2/1099 MISC)	amo con f org ar	stimated unit of oth ippensation the ganization id related anization	n I
Wayne Gittinger Board member	1.00	x						0.	0_			0.
Tom Hedges Board member	1.00	v						0.	0.			0.
Wes Uhlman	1.00	Ť.			十	Н			•			
Board member	1.00	v						٥.	0.			0.
Anne-Marie Hedges	1.00	^		-	╁	Н		0.	<u> </u>			- • •
	1 00	J						٥.	٥.			0.
Board member	1.00	^			╁┈	-		0.	<u> </u>			- 0 .
Bart Waldman	1.00	U						٥.	0.			0.
Board member	1.00	<u> </u>			<u> </u>	 		0.	0	1		
Beth Wojick	1, ,,	\ _V						٥.	٥.			Λ
Board member	1.00	<u> </u>	\vdash		┢	\vdash	-	<u> </u>	0.			0.
Laurie Sorensen	2.00	Į,		х				٥.	٥.			0.
Chairwomen	2.00	^		ᢡ					<u> </u>	-		<u> </u>
Al Clise	1 00	l,			1			ο.	0.			0.
Board member	1.00	├^	<u> </u>		\vdash	\vdash	\vdash	0.	0.	 		<u> </u>
Jim Kerr	1, 00	l,						٥.	0.			0.
Board Member	1.00	^	-	⊢	╁╌			0.	· · · · · · · · · · · · · · · · · · ·			- 0 .
John McNeil	1.00	Ų,	1					0.	٥.			0.
Board Member	1.00	^	╁	┢	\vdash			<u> </u>	•	 		<u> </u>
Steve Shaughnessy Finance/operations Chair	2.00	l,		x	1			0.	٥.			0.
Steve Shulman	2.00	<u> </u>	\vdash	┢	\vdash	H		· ·	<u> </u>	 		
Grants Chair	2.00	v						0.	٥.			0.
Elaine Kitamura	2.00	<u> </u>			\vdash			- 0.		 -		.
Marketing Chair	2.00	v		ł				o.	٥.			0.
1b Total	12.00	122		<u> </u>		1	┢	0.	0.	†		0.
Total number of individuals (including but not limited	l to thos	e lis	ted	aho	ve)	who	rece			le comr	ensatio	
from the organization	1 10 11103	·		ubo	••,				100,000 III 10poi tas			.,
non the organization											Yes	No
					1			h	lala			
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste <i>dıvıdual</i>	e, ĸ	ey e	empi	loye	e, or	r nig	nest compensated	i employee	3		X
For any individual listed on line 1a, is the sum of report the organization and related organizations greater the organization.	ortable	com	npen 0? /:	satı f 'Ye	on a	and o	othe elete	r compensation fro	om och			
individual	+.0	_ ,	J	•		ص			-	4	ļ	<u>X</u>
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa edule J	ation	n fro	m a	ny u rson	inrel	ated	l organization for	services	5		x
Section B. Independent Contractors				,								
Complete this table for your five highest compensate compensation from the organization	ed indep	end	ent (cont	tract	ors 1	that	received more that	n \$100,000 of			
(A) Name and business addres								(B Description) of Services	Comp	(C) ensatio	n —
Traine and business address								2 23011011	3. 30			
								†				

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization >

Pai	t VIII Statement of Revenue			<u> </u>	
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
250	1a Federated campaigns 1a				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	b Membership dues 1 b]			
S, S	c Fundraising events 1c 285,852	<u>.</u>			
F A	- d Related organizations 1 d	_			
NS, C	e Government grants (contributions) 1e 27, 341	<u>. </u>			
E E	f All other contributions gifts grants and				
쯢	similar amounts not included above 1f 90,038				
S S	g Noncash contributes included in lins 1a-1f: \$ 2,400				
2	h Total. Add lines 1a-1f Business Code	403,231.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	Business code				
Ĕ	2a				
E I	b				
Ě	d	1			
S	e			<u> </u>	
8	f All other program service revenue				
PRC	g Total. Add lines 2a-2f	>			
	3 Investment income (including dividends, interest and		_	_	
	outer similar amounts)	1,036.	0.	0.	1,036.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties (i) Real (ii) Personal	<u> </u>			•
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)	1			
		>			
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less, cost or other basis				
	and sales expenses	_			
	c Gain or (loss)				
	d Net gain or (loss)	<u> </u>			
VENUE	8a Gross income from fundraising events (not including \$ 285, 852.				
	of contributions reported on line 1c).				İ
8	See Part IV, line 18 a 35, 617				
OTHER RE	b Less: direct expenses b 42,851		7.004	ļ <u>-</u>	ļ <u>-</u>
	C Net income of (loss) from fundraising events	-7,234.	-7,234.	0.	0.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses b	<u> </u>			
	C Net income of (loss) from garning activities				
	10a Gross sales of inventory, less returns and allowances a 3,050				
	b Less: cost of goods sold b 0				
		3,050.	3,050.	0.	0.
	Miscellaneous Revenue Business Code	<u> </u>			
	11a	<u> </u>	<u> </u>		
	b	 -			
	c				-
	d All other revenue	<u> </u>	-	 	
	e Total. Add lines 11a-11d		_4 104		1 036
	12 Total revenue. See instructions	<u>400,083.</u>	<u>-4,184.</u>	0.	1,036.

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com	T		·	(D)
Do r 6b, 2	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	207,025.	207,025.		
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 5	Benefits paid to or for members 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	87,421.	10,261.	45,258.	31,902.
b	Legal				
c	Accounting	11,390.	0.	11,390.	0.
c	Lobbying				
e	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	Other	69,657.	69,657.	0.	0.
12	Advertising and promotion	7,991.	0.	983.	7,008.
13	Office expenses	40,097.	29,594.	9,572.	931.
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	12,716.	11,826.	890.	0.
19	Conferences, conventions, and meetings	,			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0.	0.	0.	0.
	Insurance 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.)	2,050.	0.	2,050.	0.
á	Food and entertainment	107,626.	103,884.	358.	3,384.
	Equipment rental & maint	11,982.	11,982.	0.	0.
	Miscellaneous	14,915.	12,152.	2,763.	0.
			•		
•	•				
1	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	572,870.	456,381.	73,264.	43,225.
26	Joint costs. Check here SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Part X Balance Sheet (A) Beginning of year (B) End of year Cash - non-interest-bearing 53,780 1 176,431. 2 2 Savings and temporary cash investments 232,494 3 3 Pledges and grants receivable, net 226,663 133,552. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L E 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 849 9 849. 9 Prepaid expenses and deferred charges 2,400. 10a Land, buildings, and equipment cost or other basis. 10a Complete Part VI of Schedule D 10b 0. 10 c 2,400. b Less: accumulated depreciation. 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 15 513,786 16 313,232. 16 Total assets Add lines 1 through 15 (must equal line 34) 171,578. 17 143,811. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities. Complete Part X of Schedule D 171,578 26 143,811 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 272,899 27 129,748. 27 Unrestricted net assets 69,309 39,673. 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 342,208 33 169,421. 33 Total net assets or fund balances. 513,786. 34 313,232. 34 Total liabilities and net assets/fund balances.

BAA

Form 990 (2009) Seattle Police Foundation 91-2	2171529	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: 🔲 Cash 🛛 🗓 Accrual 🔲 Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	х	
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 consolidated basis, separate basis, or both:	on a		
X Separate basis 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 Sir Audit Act and OMB Circular A-133?	ngle 3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit 3b	ļ	

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

_		le Police Fou								71529			
Part		Reason for Pub	olic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ir	structi	ons		
The o	r <u>ga</u> r	nization is not a priva	ate foundation becaus	e it is (For lines 1 through	jh 11, ch	eck only	one bo	х)					
1	Ц	A church, conventio	n of churches or asso	ciation of churches descr	ibed in s	ection 1	70(b)(1)	(A)(i).					
2	Ц	A school described	in section 170(b)(1)(A	(ii). (Attach Schedule E)								
3	Ц	A hospital or cooper	rative hospital service	organization described in	n section	n 170(b)	(1)(A)(iii).					
4	Ш	A medical research	organization operated	I in conjunction with a ho	spital de	scribed	ın secti o	on 1 70 (l	ьх1хах	i ii) Ente	r the hospi	tal's	
_	_	name, city, and stat	e: , -, -, - ,, ,	,									
5	Ц	170(b)(1)(A)(iv). (C	omplete Part II)	f a college or university of			-		nental ur	nit descri	bea in sec	tion	
6 7	X	An organization that		overnmental unit describe substantial part of its sup irt II)					r from th	ne gener	al public de	escribe	ed .
8				70(b)(1)(A)(vi). (Complete	Part II.)							
9		from activities relate investment income	ed to its exempt functi) more than 33-1/3 % of ons — subject to certain of its taxable income (less so implete Part III.)	exceptio	ns. and	(2) no n	nore tha	ın 33-1/3	% of its	support fr	om arc	SS
10		An organization organization	anized and operated o	exclusively to test for pub	lic safety	y See s	ection 5	09(a)(4)).				
11		more publicly suppo-	orted organizations de	exclusively for the benefit escribed in section 509(a) ation and complete lines	(1) or se	ection 50	09(a)(2)	ons of, See s e	or carry ection 50	out the)9(a)(3).	ourposes o Check the	f one o box th	or nat
		a Type I	b Type II	_	- Func			ed		d 🗌	Type III-	Other	
е		By checking this botthan foundation mai 509(a)(2).	x, I certify that the org	anization is not controlle one or more publicly sup	d directly oported	y or indi organiza	rectly by tions de	one or scribed	more di in sectio	squalifie on 509(a	d persons)(1) or sec	other tion	
f			eceived a written dete	rmination from the IRS th	nat is a T	Гуре I, Т	ype II o	r Type I	II suppo	rting org	anızatıon,		
g		Since August 17, 20	006, has the organizat	ion accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	ersons?			
												Yes	No
		(i) a person who below, the gov	directly or indirectly o verning body of the su	ontrols, either alone or to pported organization?	gether v	vith pers	ons des	cribed i	n (II) an	d (III)	11 g (i)		
		(ii) a family mem	ber of a person descr	ibed in (i) above?							11 g (ii)		
		(iii) a 35% control	led entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)		
<u>h</u>		Provide the followin	g information about th	e supported organization	s								
	(f)) Name of Supported Organization	(II) EIN	(lii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	organizat (i) listed gove	s the ion in col i in your rning ment?		iization în (i) of	(vi) I: organizati (i) organiz U S	on in col	(vii) Amour	nt of Sup	port
		. ,.			Yes	No	Yes	No	Yes	No			
											-		
					 -	ļ							
					<u> </u>								
Total													

Schedule A (Form 990 or 990-EZ) 2009 Seattle Police Foundation 91-2171529 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 308,052 619,490. 789,934 589,604 414,006 2,721,086. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 4 Total. Add lines 1-through 3 308,052 619,490 789,934 589,604 414,006 2,721,086. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 2,721,086. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 308,052 619,490 789,934 589,604 414,006 2,721,086. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 4,461 12,537 11,684 5,665 1,036 35,383. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0 0. 3,488. 1,756 0 5,244. Total support. Add lines 7 through 10 2,761,713. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here	 <u> </u>
Section C. Computation of Public Support Percentage	

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)
- 15 Public support percentage from 2008 Schedule A, Part II, line 14

14	98.53%
15	98.54%

- 16a 33-1/3 support test 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization
 - b 33-1/3 support test 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization
 - **b 10%-facts-and-circumstances test 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization
- Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

•	П
-	\Box

► 🗓

Schedule A (Form 990 or 990-EZ) 2009 Seattle Police Foundation

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

<u>Sec</u>	tion A. Public Support							
Cale	ndar year (or fiscal yr 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 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	,						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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.)			·				
<u>Sec</u>	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	•	(f) Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	d, third, fourth, or	r fifth tax year as	a section 501	(c)(3)	
Sec	tion C. Computation of Pul		ercentage					
	Public support percentage for 200			13. column (fi)			15	%
	Public support percentage from 2		•			ŀ	16	
-	tion D. Computation of Inv						.0 1	
	Investment income percentage for				n (f))		17	
	Investment income percentage for				"" (1))		18	
	33-1/3 support tests — 2009. If the more than 33-1/3%, check this bo				I line 15 is more to	l han 33-1/3% ganization		
	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check	e organization did	not check a box	on line 14 or 19a,	, and line 16 is me	ore than 33-1	/3%, a	
20	Private foundation. If the organiz	ation did not ched	k a box on line 1	4, 19a, or 19b, ch	eck this box and s	see instructio	ns	▶∏

Part IV Supplemental Information. Complete this part to provide 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 instructions.
Other Income Part II, Line 10
Description: Miscellaneous
2005: 0.
2006: 0.
2007: 3488.
2008: 1756.
2009: 0. `
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 Attach to Form 990. ► See separate instructions OMB No 1545-0047 2009

Open to Public Inspection
Employer Identification number

91-2171529 Seattle Police Foundation Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

►\$_____ ►\$____

►\$_____ ►\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 1 lusing the organization's acquisition accession and other records, check any of the following that are a significant use of its collection terms (check all that apolyusion) accession and other records, check any of the following that are a significant use of its collection and propagation and prop	Schedule D (Form 990) 2009 Seat1						91-21			Page 2
The scheck all that apply). a Public exhibition d Loan or exchange programs b Scholarly research c Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization's collection of art, instorical freasures, or other similar 5 Surping the year, did the organization's collection? Yes No Part XIV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X Ine 21. 1a Is the organization and part, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X Ine 21. 1b If Yes Yes No b If Yes Yes No c Region of Year balance (a) Current year (b) Fror year (c) Two years back (d) Three years back (e) Four years back c Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment (a) Current year (b) Fror year (c) Two years back (d) Three years back (e) Four years back (e) Tree years back (e)	Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orical	Treasures, o	r Other Similar As	sets (c	ontınu	ıed)
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	Total. Add lines 1a through 1e (Columi	n (d) must equ	ual Forn	n 990, Part X, co	olumn ((B), line 10(c).)	1	-	2	,400.

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Seattle Police Fo	oundation	91-2171529 Page 3
Part VII Investments—Other Securities See F	orm 990, Part X, line 1.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	· -	
Part VIII Investments-Program Related (See	Form 990, Part X, line	13)
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book Value	Cost or end-of-year market value
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Tatal (Oaksing (b) most social Forms (OO) Book V (Oak (B) king 12)		
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.)	line 15)	
Part IX Other Assets (See Form 990, Part X,		(h) Rook value
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Part IX Other Assets (See Form 990, Part X,		(b) Book value
Part IX Other Assets (See Form 990, Part X,		(b) Book value
Part IX Other Assets (See Form 990, Part X, (a) D	escription	
Total. (Column (b) must equal Form 990, Part X, col (B), I	Description	(b) Book value
Part IX Other Assets (See Form 990, Part X, (a) D	Description	
Total. (Column (b) must equal Form 990, Part X, col (B), I	Description	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes	line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B), I Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability	ine 15) t X, line 25) (b) Amount	

	dule D (Form 990) 2009 Seattle Police Foundation	91-217	1529 F	age 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Finance	ial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		400,0)83.
2	Total expenses (Form 990, Part IX, column (A), line 25)		572,8	370.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-172,7	
4	Net unrealized gains (losses) on investments	Ī		
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8			
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Ì	-172,7	187.
	t XII Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per Return		
	Total revenue, gains, and other support per audited financial statements	1	453,7	710
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		4557	10.
	· · · · · · · · · · · · · · · · · · ·	jj		
		10,776.		
	Recoveries of prior year grants 2c	40.051		
	Other (Describe in Part XIV)	42,851.		
	Add lines 2a through 2d			527.
_	Subtract line 2e from line 1	3	400,0	<u>)83.</u>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
c	Add lines 4a and 4b	4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	400,0)83.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements W	<u>lith Expenses per Retu</u>	rn	
1	Total expenses and losses per audited financial statements	1	626,4	<u> 197.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	10,776.		
ь	Prior year adjustments 2b			
	Other losses 2c			
	Other (Describe in Part XIV)	42,851.		
	Add lines 2a through 2d	2e	53,6	527.
	Subtract line 2e from line 1	3	572,8	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	 	<u> </u>	
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
		5	572,8	70
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) t XIV Supplemental Information		312,0	<u> </u>
rar	t Aiv Supplemental information			
Ine 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line 1; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Anation. XII Line 2d Special event expense	es 1a and 4, Part IV, lines 1b	and 2b; Part V, wide any additiona	al
<u>Pt</u>	XIII Line 2d Special event expense			
				-
BAA	TEEA3304 02/02/10	Sche	dule D (Form 990	2009

Schedule D	(Form 990) 2009	Seattle Police Information (cor	ce Foundation	<u> </u>		91-2171529	Page 5
Part XIV	Supplemental	Information (con	ntinued)				
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							- :
							
		 					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number						ation number	
Seattle Police Foundation 91-2					91-217152	9	
Part I Form 990EZ filers are not required to complete this part.							
1 Indicate whether the organization r	aised funds thro	ough any c	of the follow	wing activities Check al	II that app	oly.	
Mail solicitations				Solicitation of non-g		-	
Internet and email solicitations	•			Solicitation of gover			
Phone solicitations				Special fundraising			
In-person solicitations							
2a Did the organization have written or employees listed in Form 990, Par	r oral agreemer	nt with any	ındıvıdual	I (including officers, dire	ectors, tru	stees or key	П., П.,
employees listed in Form 990, Par	t VII) or entity in	n connection	on with pro	ofessional fundraising se	ervices?		∐ Yes No
b If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti e organization.	ties (fundr	aisers) pui	rsuant to agreements ur	nder whic	h the fundraise	er is to be
		(""> D .1			(v) Am	ount paid to	A 3 A
(i) Name of individual or entity (fundraiser)	(ii) Activity		fundraiser ly or control	(iv) Gross receipts from activity	(or re	etained by) iser listed in	(vi) Amount paid to (or retained by)
or entity (turidialser)		of contr	ibutions?	nom activity		col.(i)	organization
		Yes	No				
		111	111				
					<u> </u>		
	1						
					1		
	<u> </u>	<u> </u>					
		1			İ		
	i i						
. ,							
Total			>				
3 List all states in which the organization	ation is register	ed or licen	sed to soli	cit funds or has been no	otified it i	s exempt from	registration
or licensing.							
			-				
		-					

91-2171529 Schedule G (Form 990 or 990-EZ) 2009 Seattle Police Foundation Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (d) Total Events (Add col. (a) through col. (c)) (c) Other Events (a) Event #1 (b) Event #2 Banquet Breakfast BOOTCAMP (event type) (event type) (total number) 60,867. 10,000. 342,444. 1 Gross receipts 271,577. 2 Less: Charitable contributions 235,960 60,867. 10,000. 306,827. 35,617 0. 0. 35,617. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages 8 Entertainment 708 42,851. Other direct expenses 26,705 15,438 42,851. 10 Direct expense summary. Add lines 4- through 9 in column (d) Net income summary. Combine lines 3, column (d) and line 10 -7,234. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add col. (a) through col. (c)) (c) Other gaming (a) Bingo REVENUE bingo/progressive bingo Gross revenue DIRECT 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 용 용 Yes 용 Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1, column (d) and line 7 VEC NO

			163	NO
	Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states?	9a		
t	o If 'No,' explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		10a		
t	olf 'Yes,' explain:			
				1
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to			
12	administer charitable gaming?	12		

Schedule G (Form 990 or 990-EZ) 2009 Seattle Police Foundation	91-2171529		Page :
	_	YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility			
b An outside facility	ક		
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records		
Name: ►			
Address: ►			
15a Does the organization have a contact with a third party from whom the organization receives gaming reve	enue? 15 a	a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and	d the amount		
of gaming revenue retained by the third party \$		ķ	
c If 'Yes,' enter name and address of the third party:			
Name			
		1	1
Address. •		ļ	
			ŀ
16 Gaming manager information			İ
Name [.] •			İ
Gaming manager compensation \$			1
Description of services provided:		ł	
			1
Director/officer Employee Independent contractor	İ	j	
		Ì	
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to	retain the	┧	<u></u>
state gaming license?	17:	a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the		
organization's own exempt activities during the tax year: > \$			
	nedule G (Form 990 or	000 57	20

SCHEDULE I		5	ants and Oth	er Assistance t	o Organization	Ś		OMB No 1545-0047
Form 990)		Gov	ernments an	Governments and Individuals in the United States	the United Sta	tes		2009
epartment of the Treasury		Complet	e if the organizatio	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ➤ Attatch to Form 990.	rm 990, Part IV, lines 2' J.	1 or 22.	J	Open to Public Inspection
lame of the organization בסבל Police Roundation	Foundation						Employer identification number 91-2171529	ation number 9
Part General In	General Information on Grants and Assistance	nts and Assista	ınce					
1 Does the organization the selection criter	ation maintain records in a used to award the c	to substantiate the grants or assistance	amount of the grant ?	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the grants or assistance? Describe in Dart IV the organization's procedures for monitoring the use of grant funds in the United States.	ntees' eligibility for the	grants or assistance, a	and	X Yes
Part II Grants and 990, Part I'	Grants and Other Assistance to Governments a 990, Part IV, line 21 for any recipient that receive Part IV and Schedule I-1 (Form 990) if additional	ce to Governme recipient that re	nts and Organizations seewed more than \$5,0	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' 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 1-1 (Form 990) if additional space is needed	ed States. Complet this box if no one r	te if the organizat ecipient received	ion answered 'Ye more than \$5,00	es' to Form 0. Use
1 (a) Name and address of organization or government	ss of organization ment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seattle Police Dept 510 5th Ave Seattle WA 98124	1 1 1 1 1 1	91-6000127		207,025.				Support
		i						
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	and government org	Janizations				A A	
3AA For Privacy Act a	3AA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ion Act Notice, see	the Instructions fo	r Form 990.	TEEA3901 02/10/10	02/10/10	Sched	Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 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. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Grants are monitored through reports and invoices (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_I_Line_2 Part III ₩

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
 See instructions for Form 990.

OMB No 1545 0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

91-2171529 Seattle Police Foundation Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (C) (D) (E) (F) (A) (B) Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W 2/1099-MISC) Estimated amount of other compensation Name and Title Average hours per week Former Individual trustee or director Institutional trustee K∈y employee Нідhest compensated ептріоуев from the organization and related organizations Michael Malone 0. 0. 0. 1.00 Х Board Member Ralph Morton 1.00 X 0. 0. 0. Board Member Joe Simmons_ 0. 0. X 0 Board Member 1.00 Mike Sotelo_ 1.00 0. Х 0. 0. Board Member

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization Seattle Police Foundation	91-2171529
Pt_VI-C, Line 19 Organizing documents are available upon request	
Pt VI-A, Line 3 Executive Director and Financial Management ser	vices are contracted
Pt VI-B, Line 11A The 990 is reviewed by the Finance Chairperson.	
Pt_VI-B, Line 12c Board members are required to disclosed conflic	ts_annually
	`

TEEA4901 07/17/09

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Additional Information

Page 2, Line 22b

Seattle Police Foundation makes grants exclusively to the Seattle Police Department

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4a (continued)

Stronger Together. Awarded \$68,000 in support of four projects that assisted SPD in acquiring specialized technology and equipment, including acquisition of a dog for SPD's Arson Bomb Unit, computer forensics training and equipment, and the purchase of MyClyns decontamination spray for all SPD police officers.