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Department of the Treasury Internal Revenue Service

# Short Form 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)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

_	0	ic 2000 calcina	ar year,	C Name of organization		0/21		, 25 10
<u>B</u>	Check	f applicable	ployer id	entifi	ication number			
	Addres	s change use IRS label or Seattle Synchronized Swim Team						90089
닏	Name	change	print or	Number and street (or P.O box, if mail is not delivered to street address) Room/	ephone ni	ımbe	31	
닏	Initial r		type. See	13501 100th Ave NE 52	238	20	6-85	6-5239
닏	Termin	ated	Specific	City or town, state or country, and ZIP + 4				
닏		led return	Instruc-			oup Exe	•	on
브	Applic	ation pending	tions.	Kirkland, WA 98034		ımber 🕨		
	• Se	ection 501(c)(3)	organiz	rations and 4947(a)(1) nonexempt charitable trusts must attach G	Accounting	Method:		Cash   Accrual
			a con	npleted Schedule A (Form 990 or 990-EZ).	Other (speci	fy) 🕨		
				н	Check ▶	if the c	raar	nization is not
. 1	Web	site: ▶ www	.seattle:	synchro.com			~	iule B (Form 990,
				nly one) — ✓ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990-EZ, or 9			
_					<del></del>	<u>_</u>		L
K	Checl		_	zation is not a section 509(a)(3) supporting organization and its gross receip		•		
_				turn is not required, but if the organization chooses to file a return, be sur		ipiete rei	um.	
				e 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Fo		<u>▶ \$</u>		45,222
L	art l	Revenu	ie, Exp	enses, and Changes in Net Assets or Fund Balances (Se	ee the instr	uctions	<u> 3 to</u>	r Part I.)
	1	Contribution	ons, giff	ts, grants, and similar amounts received		1		14,006
	2	Program s	ervice r	evenue including government fees and contracts		2		23,382
	3	_		s and assessments		3		6,000
	4		•			4		
	1 1	_				<del>  '</del>		
Revenue						-		
				er basis and sales expenses		┩_		
				n sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6	Special event	ts and ac	tivities (complete applicable parts of Schedule G). If any amount is from <b>gaming,</b> che	eck here ► 📙	1 1		
		a Gross reve	enue (ne	ot including \$ of contributions			į	
	:	reported o	n line 1		1,36	50		
	'	b lesRE	EW	ses other than fundraising expenses 6b	1,70	)2	l	
	1			ss) from special events and activities (Subtract line 6b from line 6a	a)	6c	l	-342
	١,	1 1			a,			
	<b>'</b>			111 7 C):	2,98	_ (	į	
	Į				2,90		Í	
	1			ss) from sales of inventory (Subtract line 7b from line 7a)		7с_	<u> </u>	-2,860
	8				)	8	<b></b>	352
_	9	Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> Þ</u>	9		40,539
	10	Grants and	d simila	r amounts paid (attach schedule)		10	<u></u>	26,682
	11	Benefits p	aid to d	or for members		11		
Ų	12	•		mpensation, and employee benefits		12		947
Fynansas	13			and other payments to independent contractors		13		7,044
Ž	14			utilities, and maintenance		14		2,491
Š	1 12		• .			15		442
	٠, ١			ons, postage, and shipping				
	16			describe •		16	<u> </u>	9,113
~—	17			Add lines 10 through 16			$\vdash$	46,718
Accete 1	18			) for the year (Subtract line 17 from line 9)			<u> </u>	(6,179)
7 8	19			nd balances at beginning of year (from line 27, column (A)) (mus	-		i	
3	?	end-of-ye	ar figur	e reported on prior year's return)		19	_	19,506
⊋ક	<b>5   20</b>	Other cha	nges in	net assets or fund balances (attach explanation)		20	L	
ع م	21	Net assets	s or fun	d balances at end of year. Combine lines 18 through 20	🕨	21		13,327
恤	art			ets. If Total assets on line 25, column (B) are \$1,250,000 or more,	file Form 99		ad c	of Form 990-EZ.
				(See the instructions for Part II.)	(A) Beginning		Г	(B) End of year
コリアライクの	99	Cash savings	and "	nvestments	<del></del>	20,355	22	10,661
Ź.		_			<del>                                     </del>	20,000	_	10,001
7.	ຜ	Land and buil		Bootsblog St. J. Acade	<del> </del>	4 000	23	
	24			De ► Receivables + Fixed Assets		-1,286		
CHI	25	Total assets				19,069		
V2	26			cribe ► Accounts Payable -Team Suits + Prepaid Registration		437		
2	27	Net assets o	r fund l	balances (line 27 of column (B) must agree with line 21)		19,506	27	13,327

Part	Statement of Program Service Accomp	olishments (See the instr	uctions for Part II	l.)		Expenses
What is the organization's primary exempt purpose? Synchronized training to novice-progressive swimmers (Require						
Desc	ribe what was achieved in carrying out the organic	anization's exempt purpos	ses. In a clear ar	nd concise		)(3) and 501(c)(4)
manr	ner, describe the services provided, the number of	f persons benefited, and o	ther relevant info	mation for		izations and section a)(1) trusts, optional
	program title.					a)(1) trusts, optional hers.)
28	Support teams in participation in junior national and	age group national synchror	nized swim meets.		<del> </del>	
						•
	(Grants \$ 26,682) If this amount	includes foreign grants, che	ok horo		00-	37,374
29					28a	31,314
25						
		***************************************	·			
	(Grants \$ ) If this amount	ncludes foreign grants, che	eck here	<u>. ▶ ∐</u>	29a	
30						
		***************************************				
	(Grants \$ ) If this amount	ncludes foreign grants, che	eck here	. ▶ □	30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount	ncludes foreign grants, che	eck here	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		▶	32	37,374
Part		Employees. List each one ev	en if not compensa	ted. (See the	instruc	tions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances
Mich	ele Lovit (President)	· · · · · · · · · · · · · · · · · · ·				
	1 100th Ave NE, Ste 5238 Kirkland, Wa 98034	15	0		0	۸
	y Smith (Vice President)		<del></del>			<del>_</del>
	1 100th Ave NE, Ste 5238 Kirkland, Wa 98034	15	o		0	•
	Orler (Treasurer)					
		15				_
	NE 126th Street, Kirkland, Wa 98034		0		0	0
	Dagel (Secretary)	15	_	•		_
	1 100th Ave NE, Ste 5238 Kirkland, Wa 98034		0		0	0
	nda Menen (Volunteer Director)	5				
1350	1 100th Ave NE, Ste 5238 Kirkland, Wa 98034		0		0	0
						L
			,			
					-	
						l
			· · · · · · ·			

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Part	Other Information (Note the statement requirements in the instructions for Part V.)		<u>'</u>	age C
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		l
39	Section 501(c)(7) organizations. Enter:			ŀ
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		ŀ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A	}		
	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			Ì
b	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ WA			
42a		206-85	6-523	,9
	Located at ► 13501 100th Avenue NE Kirkland, WA ZIP + 4 ►	986	034	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b	-	<b>├</b> ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
-	If "Yes," enter the name of the foreign country: ▶			<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ □
			r===	1
AA	Did the experientian maintain and description of the Country of th		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			,
AE		44	ļ	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
	Fac	000	して	(2000

						· ugo ·
Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	<b>section 4947(a)(1) n</b> 147(a)(1) nonexempt ond 51.	onexempt charita charitable trusts m	able trusts only. A ust answer question	di sections 46-	on 49b
46	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete	t political campaign ac	tivities on behalf of	or in opposition to	$\overline{}$	es No
					46	<b>→</b>
47	Did the organization engage in lobbying activities				47	<b>√</b>
48	Is the organization a school as described in secti	on 170(b)(1)(A)(ii)? If "Ye	s," complete Schedu	ile E	48	
49a	Did the organization make any transfers to an e	xempt non-charitable re	elated organization?		49a	-   ✓
b	If "Yes," was the related organization a section	527 organization?			49b	7
50	Complete this table for the organization's five hemployees) who each received more than \$100	ighest compensated en ,000 of compensation f	nployees (other that rom the organization	n officers, directors, n. If there is none, en	trustees ter "Nor	and key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n (d) Contributions to employee benefit plans & deferred compensation	acco	xpense unt and llowances
None		-				
		-				<del></del>
		-				
		_				
		1				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated on. If there is none, ento	independent contra er "None."	actors who each rec	eived m	ore than
	(a) Name and address of each independent contractor	r paid more than \$100,000	(b)	Type of service	(c) Comp	ensation
None						
	····					
				ľ		
		·····				
	·					
d	Total number of other independent contractors	each receiving over \$1	00,000 ▶	<u> </u>		
	Under penalties of perjury, I declare that I have exami	ned this return, including acco	mpanying schedules and	statements, and to the be	st of my k	nowledge
0'	and belief, it is true, correct, and complete. Declaratio	n of preparer (other than office	er) is based on all informa	tion of which preparer has	any know	ledge
Sign	NV			1172-2	. \ \	
Here	Signature of officer	<del></del>		Date	7.11	
	'			Date		
	Marty Smith - Vice President  Type or print name and title			····		<del></del>
Paid	Preparer's	Dat	e Check if self-	Preparer's identifying nu	mber (See u	nstructions)
_	signature		employed ►			
Prepar Use O	Firm's name (or		, -	EIN ▶		
A done Al	1 GUUITENS, GITU / IF + 4 F					
IVEST 17	he IRS discuss this return with the preparer show	un ahova? Saa instructi	1	Phone no ▶	Yes	□ No

#### **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

Department of the Treasury Internal Revenue Service Name of the organization

**Seattle Synchronized Swim Team** 

**Employer** identification number 91 0890089 Reason for Public Charity Status (All organizations must complete this part.) See instructions

_					300	<del>5</del>	COULDI	010 0110	part.	<u> </u>	<i>-</i> 110113.		
The	orga	anization is no	ot a private foun	dation because it is:	(For lines	1 throug	h 11, ch	eck only	one box.	.)			
1		A church, co	nvention of chu	rches, or association	of churc	nes desc	ribed in s	ection 1	70(b)(1)(/	A)(ī).			
2				on 170(b)(1)(A)(ii). (Att									
3				nospital service organ									
4		A medical re hospital's na	search organiza me, city, and st	tion operated in conj ate:	unction v	with a ho	spital de	scnbed in	n section	170(b)(1	)(A)(iii).	Ente	r the
5			ion operated for <b>(b)(1)(A)(iv).</b> (Cor	the benefit of a colle	ge or uni	versity ov	wned or d	perated	by a gov	ernmenta	l unit d	escrib	ed in
6		A federal, sta	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	o)(1)(A)(v)	).			
7		An organizat	on that normally	receives a substantia (1)(A)(vi). (Complete F	al part of			_			the gen	ieral p	ublic
8				in section 170(b)(1)	•	omplete	Part II.)						
9	Z	An organizat	on that normally	receives: (1) more that	an 331/3 %	of its su	pport froi	n contrib	utions, m	embersh	ıp fees,	and (	gross
		receipts from support from	n activities relate n gross investm	ed to its exempt function ent income and unre after June 30, 1975.	tions—su Hated bus	bject to d siness ta	certain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 33	3⅓%	of its
10		An organizat	ion organized ar	nd operated exclusive	ely to test	for publ	ic safety.	See sec	tion 509	(a)(4).			
11		purposes of	one or more pul	and operated exclusive blicly supported organition to describes the type	nizations	describe	d in secti	on 509(a)	(1) or sec	ction 509(	(a)(2). S	ee se	
		a ☐ Type		_	: Птур						Type		hor
e				tify that the organizat									
		persons other		n managers and other									
f		organization,	, check this box								III sup	portır	ng _
g		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	;	,		
				r indirectly controls, on the supply of the				h persor	ns describ	oed in (ii) 	11g(i)	Yes	No
				rson described in (i) a							11g(ii)		
			_	of a person described							11g(iii)		<u> </u>
_ <u>h</u>				ation about the suppo			<del>)                                    </del>		<del> </del>				
(1)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) la	organization sted in your document?	the organ	ou notify uzation in of your oort?	organizat (i) organi	s the non in col. zed in the S?		Amount upport	of
				,,,,,	Yes	No	Yes	No	Yes	No			
N/A													
							ļ 						
								i					
	_												
												_	
Tot													

Par	Support Schedule for Org (Complete only if you chec	anizations I ked the box	<b>Described in</b> on line 5, 7,	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b)(	1)(A)(vi)
Sec	tion A. Public Support	·					
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to 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 governmental unit or publicly 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.						
Sec	tion B. Total Support						•
Ca	lendar 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						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
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 .		L				<u> </u>
2	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u>	nd, third, fourth	-	ear as a section	on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
4	Public support percentage for 2009 (line	6, column (f) di	ivided by line 1	1, column (f))		14	%_
15	Public support percentage from 2008 Sci					15	%_
16a	33%% support test—2009. If the organiand stop here. The organization qualifies					% or more, che	_
þ	33% % support test – 2008. If the organic box and stop here. The organization qua						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here.	. Explain in Parl	IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "forganization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qu	check this box a alifies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization	IV how the

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total contributions, grants, membership fees received. (Do not include 86,772 164,435 184,124 193,965 45,100 674,396 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4.964 6.028 6.832 122 17,946 organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge 86,772 169,399 190.152 200,797 45,222 692,342 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 13,310 17,584 11,718 20,315 9,470 72,397 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 13,310 17,584 20,315 11,718 9,470 72,397 c Add lines 7a and 7b . . . . . . Public support (Subtract line 7c from line 6.) 619,945 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 86,772 169,399 190,152 200,797 45,222 692,342 Amounts from line 6 . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 126 788 549 0 0 1,463 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 126 788 549 0 0 1,463 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) 13 86,898 170,187 190,701 200.797 45,222 693,805 14 S 15

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax y organization, check this box and stop here			3) ▶ □
Sec	tion C. Computation of Public Support Percentage			
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15	89.0	%
<u> 16</u>	Public support percentage from 2008 Schedule A, Part III, line 15	16	88.4849	%
Sec	tion D. Computation of Investment Income Percentage		·	
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .	17	0	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	0	%
19a	33½% support tests—2009. If the organization did not check the box on line 14, and line 15 is r 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly			
b	33½% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 1 line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly			ıd ▶ [
20_	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this b	ox an	d see instructions	▶ [
	Sch	edule /	(Form 990 or 990-EZ	2009

Part IV	Form 990 or 990-EZ) 2009  Page 4  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.
NA	
<b></b>	
	·

#### Form 990-EZ, Part 1 - Grants and similar amounts paid

\$8,100 was donated to Washington Cathedral to support their swim program costs from January 2010 to May 2010.

Tax ID: 91-1349037

Address:

12300 Woodinville-Redmond Road NE

Redmond, WA 98052

\$18,582 was donated to 21 swimmers for both financial scholarship as well as merit.

## Form 990-EZ, Part I - Other changes in net assets or fund balances

Net Income	\$ (6,179)
Increase in Fixed Assets	274
Increase in Accounts Receivable	5,489
Increase in Prepaid Expenses	1,634
Increase in Accounts Payable	(1,535)
Decrease in Payroll Liabilities	(437)
Increase Prepaid Registration	(1,910)
Total Changes in Net Assets & Funds	\$ 3,515
Net Changes in Funds due to Operating Activ	\$ (9,694)