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, 990 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)

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

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

alteromes

| _ | For the | 2010 cales | dar year, or tax yea | - heelening 7/01 | | | | | | 0011 | |
|------------|-----------------------------|---|---|--|--|---|------------------|---------------|-----------------|---------------------|---------------|
| | | | dai year, or tax yea | r beginning 7/01 | , 2010, | , and endin | | | | 2011 | |
| В | | applicable: | Caskala Daka | ry Service Foundat | | | ļ | | | tion Number | |
| | \vdash | ress change | 1215 4th Ave | L L | | <u>061212</u> | 0 | | | | |
| | \vdash | e change | Seattle, WA | 98161 | | | | - | one number | | |
| | Initia | il return | beatere, MA | 30101 | | | <u> </u> | 206 | -623-0 | 023 | |
| | Tem | rinated | | | | | 1 | | | | |
| | Ame | nded return | | | | | 1 | G Gross n | eceipts \$ | 403, | 814. |
| | Appl | ication pending | F Name and address o | f principal officer Kim Moore |) | | H(a) is this a | group retur | n for affiliate | Yes | X No |
| | | | Same As C Ab | ove | | | H(b) Are all a | | | Yes | ∏ No |
| 1 | Tax-ex | empt status | X 501(c)(3) 50 | 1(c) () ◄ (insert no.) | 4947(a)(1) or | 527 | IT NO, a | ttach a list. | (see instruc | tions) —- | _ |
| ī | Webs | site: P Wh | w.seattlerot | | | | H(c) Group ex | emotion nu | umber > | | |
| ĸ | Form o | | X Corporation Tr | | TL. | Year of Format | | | | domicile WA | |
| i i | | Summa | | | | 100101101110 | 1300 | 1 | Jane or regar | - CONTROL - TITE | |
| | | | | s mission or most significant | activities: To | nrovi | de supr | ort t | o vari | OUS | |
| | | organiza | tions dealin | g with the needs of | the gen | eral no | hlic w | ith ar | o emph | asis on | |
| | | | | outh activities. | | | | | | 457.71 | |
| i | | | | | | | | | | | |
| | | heck this be | ox • If the orga | inization discontinued its oper | ations or disp | osed of mo | ore than 25 | % of its | net asset | | |
| | | lumber of vo | oting members of the | e governing body (Part VI, line | e 1a) . | | | | 3 | | 9 |
| | " | lumber of in | dependent voting m | embers of the governing body | (Part VI, line | e 1b) | | | 4 | | 9 |
| 70 | 5 T | otal number | of individuals empl | oyed in calendar year 2010 (F | art V, line 2a |) | . | | 5 | | 0 |
| ရော 🖠 | [6 T | otal number | r of volunteers (estir | mate if necessary) | | | | | 6 | | 211 |
| e (| ' /a ' | otal unrelat | ed business revenue | e from Part VIII, column (C), l | ne 12 | | | | 7a | | 0. |
| | <u> b</u> N | iet unrelated | l business taxable ii | ncome from Form 990-T, line | <u>34 </u> | | | | 7Ь | | <u>0.</u> |
| MAR | | | | | | | | or Year | | Current Yo | |
| | , 8 0 | | | III, line 1h) | | | | 302,2 | 200. | 378 | <u>, 975.</u> |
| NED | 9 F | rogram sen | vice revenue (Part V | /III, line 2g) | ••••• | • | ٠ | | | | |
| <u>"</u> | 10 17 | nvestment ii | ncome (Part VIII, co | lumn (A), lines 3, 4, and 7d) | | | • | 6,8 | 34. | 24, | ,839. |
| SCANNED | ٠, ٠, ٠ | iner revenu | e (Part VIII, column | (A), lines 5, 6d, 8c, 9c, 10c, | and 11e) | | • | 200 0 | | 400 | 01.4 |
| ₹ - | | | | ugh 11 (must equal Part VIII, | | | | 309,0 | | | 814. |
| ပ္တ | | | | (Part IX, column (A), lines 1- | | | | 138,2 | 224. | 197 | <u>,687.</u> |
| U) | | | | (Part IX, column (A), line 4) | | | | | | | |
| | | | | nployee benefits (Part IX, colu | | | | | | | |
| | 16a F | Professional | fundraising fees (Pa | art IX, column (A), line 11e) | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | ₿ ЬТ | otal fundra | sing expenses (Part | IX, column (D), line 25) ► | | 3,000. | | | | | |
| | 3 1 | | | (A), lines 11a-11d, 11f-24f). | | | | 58,6 | 93. | 74. | , 424. |
| | | | | (must equal Part IX, column | | | | 196,9 | | | ,111. |
| | 19 R | Revenue less | expenses. Subtrad | line 18 non line 12/ED. | L L | | | 112,1 | | | ,703. |
| | 3 | | | | | | Seginning | | | End of Ye | |
| i | \$ 20 T | otal assets | (Part X, line 16) | 유 - FEB 2 1 2012 · · | ၂႘ | | | 012,4 | | 1,175 | |
| - 1 | ā 21 ⊤ | | es (Part X, line 26) | T FEB 2 1 2012 | · O | | · / | 46,5 | | | ,541. |
| j | | | | tract line 21 from line 20 | <u> </u> | ••••• | ` | | | | |
| - | 370 | Signatu | | OGDEN IT | | •••••• | • | 965,9 | 743.] | 1,134 | , 631. |
| fir. | testation. | Jigilatu | IE DIUCK | | Para . | | | | | | |
| Č | nder penalti omplete Dec | es of perjury, I d claration of prep | lectare that I have examine arer (other than officer) is | o this return, including accompanying s based on all information of which prepa | chedules and state rer has any knowle | ements, and to edge | the best of my | knowledge | e and belief, | it is true, correct | t, and |
| _ | | | 7 | 0 0 1 | | | | 3/1 | 2/12 | | |
| c | ign | Signati | re of officer | J. grosen | | | Date | <u> </u> | 2/10 | | |
| | lere | • (| Catherine | J. Gibson | | | | | | | |
| • | | Type of | print name and title. | O: Chroseve | | | | | | | |
| _ | | | reparer's name | Preparar's signature | | Date | т. | |), Pill | N | |
| _ | | | C. Jones, CPA | | 7_ | I | | heck _ | J" | | |
| | aid reparer | | | | fores | 1/27/ | 14 ! | elf-employe | ed N/ | n | |
| r ti | reparer se Only | . I | | Associates AC, CP | 72 | | | | . 11/2 | | |
| | JC 9111) | Firm's addr | | | | | 1 | ırm's EJN | | 505 51 | |
| - | | | Seattle, | WA 98125-7646 | | | | hone no. | (206) | 525-517 | _ |
| M | av the IR | discuss th | us raturn with the nr | enarer shown above? (see in- | ctructions) | | | | | X Vec | No. |

Form **990** (2010)

| Form 990 (2010) Seattle Rotary | Service Foundation | 91-0612120 Page 2 |
|--|---|---|
| Part III 3 Statement of Program Se | | |
| Check if Schedule O contains a | response to any question in this Part III | |
| 1 Briefly describe the organization's miss | sion. | , |
| To provide support to va | rious organizations dealing with the | ne needs of the general |
| | on supporting various youth activity | |
| - | | |
| | _ | |
| 2 Did the organization undertake any sig | inificant program services during the year which were no | ot listed on the prior |
| Form 990 or 990-EZ? | | Yes X No |
| If 'Yes,' describe these new services o | n Schedule O | |
| | , or make significant changes in how it conducts, any pr | rogram services? Yes X No |
| If 'Yes,' describe these changes on Sc | - | |
| 4 Describe the exempt purpose achiever | ments for each of the organization's three largest progra | im services by expenses Section 501(c)(3) |
| and 501(c)(4) organizations and section | on 4947(a)(1) trusts are required to report the amount of | grants and allocations to others, the total |
| expenses, and revenue, if any, for each | ch program service reported | |
| | | |
| 4a (Code) (Expenses \$ | 112,705. including grants of \$ 110,2 | |
| | to various organizations in suppor | |
| <u>academic achievement and</u> | <u>l leadership development of childre</u> | <u>n_and_youth</u> |
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| | 84,982. including grants of \$ 84,500 to various organizations in supported in developing countries around to | |
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| | | |
| 4c (Code: (Expenses \$ | including grants of \$ |) (Revenue \$) |
| 46 (Code:) (Expenses + | moldaring grants or ϕ | |
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| | | |
| 4d Other program services (Describe in | Schedule O.) | |
| (Expenses \$ | | evenue \$ |
| 4e Total program service expenses ▶ | 197,687. | |
| BAA | TEEA0102L 10/06/10 | Form 990 (2010) |

| | , | | Yes | No |
|----|---|------|------------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . | 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 | | <u>X</u> |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | |
| 6 | 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, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | 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 |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | 4. 3. 14. 3.1 | |
| | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | | x |
| | b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | Х | |
| | c 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 | 11 c | | Х |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | Х | |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11e | | X |
| | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | х |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12a | | х |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | <u>x</u> |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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, Parts I and IV | 14b | Х | |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV | 15 | X | |
| | 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, Parts III and IV | 16 | | Х |
| | 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 (see instructions) | 17 | | X |
| | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | Х |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | X |
| 20 | aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | \vdash | X |
| | b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20 b | | |

Form 990 (2010) Seattle Rotary Service Foundation

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|--|-----------|--------------|----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| 22 | 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 | |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes</i> ,' <i>complete Schedule J</i> | 23 | | X |
| 24 a | 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 complete Schedule K. If 'No,'go to line 25. | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| ь | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | X |
| 26 | 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 | | _x_ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | 27 | | x |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | 製造 |
| а | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | <u> </u> |
| b | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 28c 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Х | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | Х |
| ā | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36_ | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | 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 | 38 | х | |
| BAA | | Forn | 1 990 | (2010) |

| orm 990 (2010) Seattle Rotary Service Foundation 91-061212 | :0 | | age: |
|---|-----------|--|------------|
| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| Check if Schedule O contains a response to any question in this Part V | | | |
| | | Yes | No |
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | <u>)</u> | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | ן [נ | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| | | | |
| mente, med for the editined year enemy man or mann the year extended by the testern | 2 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | , | | v |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i> | 3b | | ├ |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country. ► | 4a | | Х |
| See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | 1 |
| 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? | 5b | | Х |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | x |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were | 6b | | |
| not tax deductible? | 66 | | |
| 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 goods and services provided to the payor? | 7 a | | Х |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7b | | T |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | | | |
| Form 8282? | 7c | <u> </u> | X |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | <u> </u> | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | <u>7f</u> | ļ | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | . 7g | ! | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | : | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the organization make any taxable distributions under section 4966? | 9a | , j | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | . 9b | , | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 1 | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | ヿ | | |
| 11 Section 501(c)(12) organizations. Enter | 7 | | 1 |
| a Gross income from members or shareholders | } | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| against amounts due or received from them.) | 4. | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041? | _12a | 4 | - |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | - | 1 | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | - | } |
| a is the organization licensed to issue qualified health plans in more than one state? | 13a | 4— | ╂— |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . 13b | | | |
| c Enter the amount of reserves on hand | — | - | <u> </u> |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | 1 | <u> X</u> |

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 9 1a Enter the number of voting members of the governing body at the end of the tax year 9 b Enter the number of voting members included in line 1a, above, who are independent 1_b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? See Sch Q 4 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Does the organization have members or stockholders? See Schedule O 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0 Х X 7Ь b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See . Sch 0 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X 8b **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 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 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? 10b X 11 a 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a 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 Х to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Х Schedule O how this is done See Schedule O 13 Does the organization have a written whistleblower policy? 13 14 14 Does the organization have a written document retention and destruction policy? 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? 15a a The organization's CEO, Executive Director, or top management official X 15 b **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 X taxable entity during the year? 16a 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? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **WA** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X X Own website Another's website 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. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Candace Anello 601 Union St. #2300 Seattle WA 98101 206-382-7784

| Form 990 (| 2010) | Seattle | Rotary | Service | Foundation |
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Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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 organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

| X Check this box if neither the organization | n nor any | relate | d or | gan | ıızat | ion co | mpe | ensated any current of | ficer, director, or trus | tee. |
|--|--|-------------------------------|-----------------------|----------|-------|------------------------------|----------|--|---|--|
| (A) | (B) | | | ((| C) | | · | (D) | (E) | (F) |
| Name and title | Average hours per week (describe hours for related organiza- tions in Schedule O) | ndividual trustee or director | Institutional trustee | _ | | Highest compensated employee | _ | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| (1) Kim Moore | | | | | | | | | | |
| <u> President</u> | 2 | Х | | Х | | | | 0. | 0. | 0. |
| (2) Cathy Gibson Vice President | 1 | X | | х | | | | 0. | 0. | 0. |
| (3) Stan Foster | | | | | | | | | | |
| Secretary | 1 | X | | Х | | | | 0. | 0. | 0. |
| (4) Doreen Cato Trustee | 1 | Х | | | | | | 0. | 0. | 0. |
| (5) Ken Coling | | | | | | | | | | |
| Trustee | 11 | X | | | | | | 0. | 0. | 0. |
| (6) Skip Rowland | | | | | | | | _ | _ | _ |
| Trustee | 1 | X | | | ļ | | <u> </u> | 0. | 0. | 0. |
| _(7) James Wong Trustee | 1 | х | | | | | | 0. | 0. | 0. |
| _(8) Chris Clark Trustee | 1 | x | | | | | | 0. | 0. | 0. |
| (9) Rod Waldbaum Trustee | 1 | х | | | | | | 0. | 0. | 0. |
| (10) Don Kurth | | ^ | | | | | | 0.1 | 0. | <u></u> |
| Treasurer | 11 | | | х | | | | 0. | 0. | 0. |
| <u>(11)</u> | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | _ | | - | | | | | |
| (16) | <u> </u> | | - | <u> </u> | | | | | | |
| (12) | | | | | | | | | | |

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| (A) | (B) | | | <u>. p. (</u> | :) | , | | (D) | (E) | (F) | | |
|---|---|-----------------|----------------------|---------------|-------------|---------------------------------|----------|---|--|--|-------------------------|------|
| Name and title | Average | Posi | tion (| - | • | nat ap | ply) | Reportable | Reportable | | timated | |
| | hours per week | or in | ΙŢ | Off | Key | E E | F | compensation from the organization | compensation from related organizations | amou comp | nt of othe pensation | |
| | per week (describe hours for related organi- zations in Sch O) | lividu direc | nstitutional trustee | Officer | y em | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | fro orga | om the anization | |
| | organi- | ial tn | onal | | employee | e com | | | | | d related nizations | |
| | in Sch O) | ıstee | trust | | ee | pens | | | | } | | |
| | | | ee | | | ated | | | | | | |
| (40) | | _ | | | Н | | _ | _ _ | | | | |
| _(18) | | | | | | | | | | 1 | | |
| (19) | - | | \vdash | | | | | | | | | |
| 332 |] | | | | | | | I | | | | |
| (20) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | _ | | | | | | | — |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | \Box | | | | | | |
| | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| | | <u> </u> | _ | <u> </u> | | | | | | | | |
| (25) | | | | | | | | | | | | |
| (26) | | - | ├ | - | | | | | | | | — |
| | | | | | | | | | | | | |
| (27) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| _(28) | | | | | | | | | | | | |
| | | <u> </u> | | | ļ | | | | | | | |
| (29) | | | | | ļ | | | | | | | |
| 1 b Sub-total | | <u> </u> | L | | | | • | 0. | 0. | | | 0. |
| c Total from continuation sheets to Part VII, Section | Α | | | | | | • | 0. | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | • | 0. | 0. | | | 0. |
| 2 Total number of individuals (including but not limite | d to tho | se li | stec | d ab | ove) | who | o re | ceived more than | \$100,000 in report | able con | npensa | tion |
| from the organization 0 | | | | | | | | | | | I | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it | or trust ndıvıdua | ee, al | key | em | ploy | ee, o | or h | ighest compensat | ed employee | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of re | enortable | e co | mpe | ensa | tion | and | l oth | er compensation | from | | | |
| the organization and related organizations greater t | han \$15 | 50,00 | 00? | If 'Y | 'es' | com | plet | e Schedule J for | | 4 | | х |
| such individual | omnone | atio | n fr | om : | 2011 | unro | alato | ud organization or | Individual | - | | |
| 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' | complet | e Sc | chea | lule | J fo | r suc | ch p | erson | Individual | 5 | | X |
| Section B. Independent Contractors | | | | | | | | , , , , , , , , , , , , , , , , , , , | #100 000 C | | | |
| Complete this table for your five highest compensation from the organization | tea inae | pen | deni | t cor | ntrac | ctors | tna | it received more t | nan \$100,000 of | | | |
| (A) | | | | | | | | (B |) | ((| C) | |
| Name and business addres | SS | | | | | | | Description | of services | Compe | nsation | 1 |
| | | | | | | | | | | | | |
| | _ | | | | | | | | | | | — |
| | | | | | | | | | | | | — |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (including | | lım | ıted | to t | hose | e list | ted a | above) who receiv | ed more than | | | |
| \$100,000 in compensation from the organization > | 0 | | | | | | | | | | | |

| Par | t viii Statement of Revenue | _ | | | |
|---|---|--|--|---|---|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| <u>,, </u> | 1a Federated campaigns . 1a | | | | |
| F S | b Membership dues 1b | 1 | | | |
| 뚫히 | 1 | 1 | | | |
| A. S. | c Fundraising events | - | | | |
| 불 | d Related organizations 1d | | | | |
| S. E | e Government grants (contributions) 1e | | | | |
| PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | f All other contributions, gifts, grants, and similar amounts not included above 1f 378, 975. | | | | |
| ΣĐ | g Noncash contributions included in lns 1a-1f. \$ | } | | | |
| <u>8</u> ₹ | h Total. Add lines 1a-1f | 378,975. | | | |
| 필 | Business Code | | | | |
| Ę | 2a | | | | |
| Æ | b | | | | |
| Ğ. | c | | | · | |
| 2 | | | | | |
| S ≥ | | | | | |
| Æ | e | | | | |
| õ | f All other program service revenue | | | | |
| - | g Total. Add lines 2a-2f | | | | |
| | 3 Investment income (including dividends, interest and | 1 | | | 0.010 |
| | other similar amounts) | 9,013. | | | 9,013. |
| | 4 Income from investment of tax-exempt bond proceeds ► | | | | |
| | 5 Royalties | · | | | |
| | (i) Real (ii) Personal | | | | |
| | 6a Gross Rents | | | | |
| | b Less: rental expenses | | | | |
| | c Rental income or (loss) | 1 | | | |
| | d Net rental income or (loss) | | | | |
| | (i) Securities (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory 15, 826. | † | | | |
| | assets other than inventory 13,826. | + | | | |
| | b Less: cost or other basis | | | | |
| | and sales expenses | <u> </u> | İ | | |
| | c Gain or (loss) 15,826. | | | | |
| | d Net gain or (loss) | 15,826. | | | 15,826. |
| NUE | 8a Gross income from fundraising events (not including \$ | | | | |
| Š | of contributions reported on line 1c). | | | | |
| OTHER REVEN | See Part IV, line 18 | | | | |
| HE | b Less direct expenses b | | | | |
| ò | c Net income or (loss) from fundraising events | - | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | - | 1 | | |
| | 10a Gross sales of inventory, less returns and allowances | | , | - | |
| | b Less. cost of goods sold . b | 1 | | | |
| | - | - | | | ł |
| | c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code | | · - | | |
| | | 4 | ł | | 1 |
| | 11a | | | | |
| | b | | | | ļ |
| | c | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | · | | | |
| | 12 Total revenue. See instructions | 403,814. | 0. | 0. | 24,839. |
| | | | | | |

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)

| Do r | 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 | (D) Fundraising expenses |
|------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 135,717. | 135,717. | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 22,970. | 22,970. | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 | 39,000. | 39,000. | | |
| | Benefits paid to or for members | 33,000. | 33,000. | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 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 | | <u></u> | | |
| | Fees for services (non-employees). | 20,000 | | 22 000 | |
| | Management | 32,000. | | 32,000. | |
| | Legal | 25,250. | | 25,250. | |
| | : Accounting I Lobbying | 23,230. | | 23,230. | |
| | Professional fundraising services See Part IV, line 17 | | | | |
| | Investment management fees | 4,968. | | 4,968. | |
| | Other | | | | |
| _ | Advertising and promotion | | | | |
| 13 | Office expenses. | 8,706. | | 5,706. | 3,000. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| | Conferences, conventions, and meetings Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| | Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| | Pinkham and Skeel Event | 3,500. | | 3,500. | |
| |); | - | - | | |
| | ' | | | | |
| | ' | | | | |
| | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24f | 272,111. | 197,687. | 71,424. | 3,000. |
| | Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
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Form 990 (2010)

Part X **Balance Sheet** (B) End of year (A) Beginning of year 248,092. 99,597 1 Cash - non-interest-bearing 2 Savings and temporary cash investments ... 404,920 2 410,633. 3 3 Pledges and grants receivable, net 34,303 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 10 c **b** Less: accumulated depreciation 11 11 Investments - publicly traded securities 295,520 338,344. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 178,103 178,103. 15 Other assets See Part IV, line 11 15 1,175,172. 1,012,443 16 16 Total assets Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 46,500 18 40,541. 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 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 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 46,500. 40,541. Total liabilities. Add lines 17 through 25 26 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 560,445. 443,713. 27 Unrestricted net assets 199,111 28 238,805. Temporarily restricted net assets 323,119 29 335,381. Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 1,134,631. 33 Total net assets or fund balances... 965,943. 33 1,175,172. Total liabilities and net assets/fund balances. 012,443 34

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| Forn | n 990 | (2010) | Seatt: | Le R | <u>otar</u> | y S | ervic | e F | our | ndat | ioi | n | | | | | | 91- | 0612 | 120 | • | Pa | ige 12 |
|------|--------------|----------------------|---------------------------|------------------|-----------------|------------------|---------------------|--------|---------------|------------------|---------------|-----------|-----------------|------------------|-----------------|------------------|-----------|-----------|----------|-------|-----|----------|---------------|
| Pai | t XI | Reco | onciliatio | on of | Net / | Ass | ets | | | | | | | | | | | | _ | | | | • |
| | | Check | r if Schedu | ıle O c | :ontair | ns a i | esponse | e to a | any c | questic | on II | n this | s Part | ΧI | | | | | | _ | | | X |
| | _ | | | | | | | | | | | | | | | | | | 1 . 1 | | | | |
| 1 | | | e (must ed | • | | | | | - | | | | | | | | | | 1 | | _ | | 314. |
| 2 | | - | es (must e | • | | - | | | 25) |) | | | | | | | | | 2 | | | | 11. |
| 3 | Reve | enue less | s expense | s. Sub | tract I | ine 2 | from lin | ne 1 | | | | | | | | | • | | 3 | | | | 703. |
| 4 | Net a | assets o | r fund bala | ances | at beg | jinnin | g of yea | ar (mu | ust e | equal l | Part | t X, I | ıne 33 | 3, colu | ımn (/ | ۹)) | | | 4 | | | | <u>943.</u> |
| 5 | Othe | er change | es in net a | ssets | or fun | id bal | ances (e | explai | ın ın | Sche | edule | e O). | See | Sc | hedu | ıle | Q | | 5 | _ | | 36,9 | <u>985.</u> |
| 6 | | assets o | r fund bala | ances | at end | d of y | ear Con | mbine | line | es 3, 4 | 4, ar | nd 5 | (must | t equa | al Part | X, lır | ne 33, | | 6 | | 1,1 | 34,6 | 531. |
| Pa | t XII | Fina | ncial Sta | atemo | ents | and | Repor | ting | | | | | | | | | | | | | | | |
| | | Check | r if Schedu | ıle O d | contair | ns a | esponse | e to a | any c | questi | on I | in this | s Part | XII | | | | | _ | | | | |
| | | | | | | | | | | | | | | | | | | | | _ | | Yes | No |
| 1 | Acco | ounting r | nethod use | ed to p | orepar | e the | Form 9 | 90: | | Cash | | X A | Accrua | al | <u></u> ○ | ther . | | | | | | | |
| | If the | e organiz chedule | zation cha O | nged i | ts met | thod | of accou | unting | fror | m a pi | rior | year | or ch | eckec | d 'Oth | er,' ex | plain | | | | | | |
| 2 | a Wer | e the org | janization' | s fınar | ncial s | taten | nents co | mpile | ed or | r revie | ewed | d by | an inc | depen | dent a | accou | ntant? | | | | 2a | <u>X</u> | |
| ı | W er | e the org | janization' | s fınar | ncial s | taten | nents au | udited | l by a | an ind | depe | ender | nt acc | ounta | int? | | | | • | L | 2b | | X |
| (| olf 'Y | es' to lin | ie 2a or 2b impilation | , does | the o | organ sial st | zation h atement | nave a | a co d sel | mmitt lection | tee t n of | that a | assum ndepe | nes re | spons t acco | ibility untan | for over | sight of | the aud | dıt, | 2c | | x |
| | If the | e organiz chedule | zation cha O | nged e | either | ıts ov | rersight | proce | ess c | or sele | ectio | on pr | ocess | durın | ng the | tax y | ear, expl | aın | | | | | |
| (| sepa | arate bas | e 2a or 2b sis, consol | | basıs | , or b | oth. | | te w | | | | | | | | - | vere iss | ued on | а | | | |
| | X | Separa | ate basis | | Con | isolid | ated bas | SIS | Ш | Both | n coi | nsoli | dated | and s | separa | ate ba | SIS | | | | | | |
| 3 | | | of a federa d OMB Cir | | | | organıza | ation | requ | uired t | to u | ınder | go an | audıt | or au | ıdıts a | s set for | th in the | e Single | • | 3a | | х |
| ļ | blf'Y ora | es,' did t | the organizolaniz | zation in Sch | under redule | go th | e requir | red au | udit o | or aud | dits? take | ? If then | ne org under | janiza 'go su | ition duch au | id not | undergo | the re | quired a | audit | 3Ь | | |

Form **990** (2010)

BAA

TEEA0112L 12/21/10

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 2010

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

| Name of the organization Employer identification number | | | | | | | | | | | |
|---|--------|---|---|--|--------------------------------|--|-----------|--|------------------------|--|---|
| | | le Rotary Serv | | | | | | | | 12120 | |
| Part | : [| Reason for Publ | ic Charity Status | (All organizations | must c | omple | te this | part.) | See ii | nstruct | ions. |
| The o | rga | nization is not a priva | te foundation because | e it is: (For lines 1 throi | ugh 11, | check o | nly one | box.) | | | |
| 1 | \Box | A church, convention | of churches or assoc | lation of churches desc | cribed in | section | 170(b) | (1)(A)(i). | , | | |
| 2 | П | A school described in | section 170(b)(1)(A) | (ii). (Attach Schedule E | Ξ) | | | | | | |
| 3 | П | | | e organization describe | - | tion 170 |)(b)(1)(A | Xiii). | | | |
| 4 | H | | • | in conjunction with a h | | | | |)(bY1YA | Miii). Er | nter the hospital's |
| • | ш | name, city, and state | - | | | | | | - 1 - 71 - 71 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 5 | | An organization oper 170(b)(1)(A)(iv). (Con | ated for the benefit of mplete Part II.) | f a college or university | | | • | - | nmental | unit de | scribed in section |
| 6 7 | X | An organization that | 5 | overnmental unit describubstantial part of its suit II.) | | | | | t or from | the ger | neral public described |
| 8 | | | | 0(b)(1)(A)(vi). (Complet | te Part I | 1) | | | | | |
| 9 | | from activities related investment income a | d to its exempt function |) more than 33-1/3% of ons — subject to certain s taxable income (less mplete Part III) | n except | ions, an | d (2) no | more t | han 33- | 1/3% of | its support from gross |
| 10 | П | An organization orga | nized and operated e | xclusively to test for pu | iblic safe | ety See | section | 509(a) | (4). | | |
| 11 | | more publicly suppor | ted organizations des | xclusively for the benef cribed in section 509(a ion and complete lines | (1) or s | ection 5 | 09(a)(2 | ctions o | of, or ca section s | rry out tl 509(a)(3) | he purposes of one or • Check the box that |
| | | a Type I | b Type II | <u> </u> | | _ | | ted | | dП | Type III - Other |
| م | a | | | | | | | | | | |
| | ш | other than foundatior section 509(a)(2). | managers and other | than one or more publ | licly sup | ported o | organiza | tions de | scribed | ın secti | on 509(a)(1) or |
| f | | If the organization re check this box | ceived a written detei | rmination from the IRS | that is a | Type I | , Type II | or Typ | e III sup | porting | organization, |
| g | | | 06. has the organizati | on accepted any gift o | r contrib | oution fro | om anv | of the fo | ollowina | persons | s? |
| 9 | | . | | on according any give o | | | | | | F | Yes No |
| | | (i) A person who obelow, the gove | directly or indirectly co erning body of the sup | ontrols, either alone or oported organization? | togethe | with pe | ersons d | escribe | d ın (ıı) | and (III) | 11g (i) |
| | | (ii) A family memb | er of a person descrit | oed in (i) above? | | | | | | | 11 g (ii) |
| | | (iii) A 35% controlle | ed entity of a person o | described in (i) or (ii) a | bove? | | | | | | 11 g (iii) |
| h | | Provide the following | information about the | e supported organization | on(s). | | | | | | |
| | | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organiz column (your go | Is the zation in i) listed in overning ment? | the organ | rou notify nization in n (i) of upport? | organiz | s the ation in in in (i) ed in the S ? | (vii) Amount of support |
| | | | | | Yes | No | Yes | No | Yes | No | |
| <u>(A)</u> | | | | | | | | | | | |
| <u>(B)</u> | | · - | | | | | | | | | <u> </u> |
| (C) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| <u>(E)</u> | | | · | | | | | | | | |
| Total | | | | | | | <u> </u> | | | | |

Schedule A (Form 990 or 990-EZ) 2010 Seattle Rotary Service Foundation 91-0612120 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | ···· | | | | | | | | | | |
|----------------|---|--|--|---|---|--|-----------------------|--|--|--|--|--|--|
| Caleı begii | ndar year (or fiscal year nning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total | | | | | | |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants.') | 239,952. | 253,713. | 328,961. | 302,200. | 378,975 | 5. 1,503,801. | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | 0. | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | | | | | | |
| 4 | Total. Add lines 1 through 3 | 239,952. | 253,713. | 328,961. | 302,200. | 378,975 | 5. 1,503,801. | | | | | | |
| 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) | | | | , | | 0. | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 1,503,801. | | | | | | |
| Sec | tion B. Total Support | | | | | | | | | | | | |
| Cale begi | Allendar year (or fiscal year ginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (e) 2010 (239,952. 253,713. 328,961. 302,200. 378,975. | | | | | | | | | | | | |
| 7 | Amounts from line 4 . | 239,952. | 253,713. | 328,961. | 302,200. | 378,97 | 5. 1,503,801. | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 44,730. | 30,402. | 20,709. | 10,088. | 9,013 | 3. 114,942. | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 15,820 | 5. 15,826. | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). | | | | | | 0. | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,634,569. | | | | | | |
| 12 | Gross receipts from related activ | vities, etc (see ins | tructions) | | | _1 | 2 0. | | | | | | |
| | First five years. If the Form 990 organization, check this box and | stop here | | d, third, fourth, o | r fifth tax year as | a section 501 | (c)(3) | | | | | | |
| | tion C. Computation of Pu | | | | | | | | | | | | |
| | Public support percentage for 20 | | = = | e 11, column (f)) | | | 92.0% 5 89.1% | | | | | | |
| | Public support percentage from | · | | • | | <u> </u> | | | | | | | |
| 16 a | a 33-1/3% support test – 2010. If and stop here. The organization | | | | nd the line 14 is 3 | 3-1/3% or mor | e, check this box | | | | | | |
| t | 33-1/3% support test – 2009. If and stop here. The organization | the organization d qualifies as a pub | lid not check a boo blicly supported or | k on line 13 or 16 ganization | 5a, and line 15 is | 33-1/3% or mo | ore, check this box | | | | | | |
| 17 a | a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts | meets the 'facts-a | and-circumstances | test, check this | box and stop her | r e. Explain in f | Part IV how | | | | | | |
| | o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an | meets the 'facts-a d-circumstances' | and-circumstances test The organiza | s' test, check this ation qualifies as | box and stop he a publicly suppor | r e. Explain in f ted organization | Part IV how the | | | | | | |
| | Private foundation. If the organ | ization did not che | ck a box on line 1 | 3, 16a, 16b, 17a | | | | | | | | | |
| BAA | | | | | Sc | hedule A (Forr | m 990 or 990-EZ) 2010 | | | | | | |

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

| Sact | to quality under the tests in | 5,00 50,011, p.005 | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
|-------|--|---------------------------|--------------------------|--------------------|----------------------|-----------------|---------------------------------------|--|--|--|--|
| | tion A. Public Support tar year (or fiscal yr beginning in) > | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total | | | | |
| 1 | Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') | (a) 2000 | (b) 2007 | (C) 2008 | (d) 2009 | (e) 2010 | (i) Total | | | | |
| _ | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | | | | |
| 3 | Gross receipts from activities that 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 | | | | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | | | | |
| c | Add lines 7a and 7b. | | | | | | | | | | |
| | Public support (Subtract line 7c from line 6) | | | | | | | | | | |
| | tion B. Total Support | | | · · · · · · · · · | 1 | | | | | | |
| Calen | dar year (or fiscal yr beginning in)► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total | | | | |
| 10 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | _ | | | | | | | | | |
| c | : Add lines 10a and 10b | | | | | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | | | | | |
| 13 | Total support. (Add Ins 9, 10c, 11, and 12) | | | | | L | | | | | |
| 14 | First five years. If the Form 990 organization, check this box and | stop here | | nd, third, fourth, | or fifth tax year as | a section 501(| c)(3) <u> </u> | | | | |
| | tion C. Computation of Pul | | | | | | | | | | |
| | Public support percentage for 20 | | | ne 13, column (f) |) | 15 | | | | | |
| | Public support percentage from | | | | | 16 | 5 % | | | | |
| Sec | tion D. Computation of Inv | estment Inco | me Percentag | e | | | | | | | |
| 17 | Investment income percentage f | or 2010 (line 10c, | , column (f) dıvıde | ed by line 13, col | umn (f)) | _ 17 | | | | | |
| 18 | | | | | | | | | | | |
| | 33-1/3% support tests – 2010. If is not more than 33-1/3%, check | this box and sto | p here. The organ | nization qualifies | as a publicly supp | orted organizat | ion • 📗 | | | | |
| | 33-1/3% support tests — 2009. If line 18 is not more than 33-1/3% | , check this box | and stop here. Th | ie organization q | ualifies as a public | ly supported or | ganization | | | | |
| _20 | Private foundation. If the organi | zation did not che | eck a box on line | 14, 19a, or 19b, | cneck this box and | see instruction | 15 . | | | | |

| Schedule A | (Form 990 or 990 | 0-EZ) 2010 S | Seattle Ro | tary Serv | vice Founda | ation | 91-061212 | 20 | Page 4 |
|------------|---|--|---------------------------------------|-----------------------------|-------------------------|------------------------------------|-----------------------------------|---------------------------|-------------|
| Part IV 🖰 | Supplementa Part II, line 17 (See instruction | l Informatio i 7a or 17b: ar | n. Complete nd Part III, Ii | this part to ne 12. Also | provide the complete th | explanations re is part for any | equired by Par additional info | t II, line 10 rmation. | 0; . |
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SCHEDULĖ D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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. 2010

Open to Public

Employer identification number

| Sea | ttle Rotary Service Foundatio | n | 91-0612120 |
|------------------|--|---|--|
| Par | tl Organizations Maintaining Donor the organization answered 'Yes' to | Advised Funds or Other Similar Funds Form 990, Part IV, line 6. | nds or Accounts. Complete if |
| 1 2 3 4 | Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year | (a) Donor advised funds | (b) Funds and other accounts |
| 5 | Did the organization inform all donors and dor funds are the organization's property, subject | to the organization's exclusive legal control? | . Yes No |
| 6 | Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits. | the benefit of the donor or donor advisor, or fo | ds can be or any other Yes No |
| Par | t II Conservation Easements. Compl | ete if the organization answered 'Yes' | to Form 990, Part IV, line 7. |
| | Purpose(s) of conservation easements held by Preservation of land for public use (e g , r Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizatilast day of the tax year. | ecreation or education) Preservation Preservation | of an historically important land area of a certified historic structure in the form of a conservation easement on the |
| | Total number of conservation easements Total acreage restricted by conservation ease | ments | Held at the End of the Tax Year 2a 2b |
| • | Number of conservation easements on a certi- | fied historic structure included in (a) | 2c |
| ď | Number of conservation easements included i structure listed in the National Register . | • | |
| 3 | Number of conservation easements modified, tax year ▶ | | ated by the organization during the |
| 4 | Number of states where property subject to co | | <u> </u> |
| 5 | and enforcement of the conservation easemer | | ∐ Yes ∐ No |
| 6 | Staff and volunteer hours devoted to monitorii | ng, inspecting, and enforcing conservation eas | sements during the year |
| 7 | Amount of expenses incurred in monitoring, if | nspecting, and enforcing conservation easemen | nts during the year |
| 8 | Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the requirements of se | ection Yes No |
| 9 | include, if applicable, the text of the footnote conservation easements. | s conservation easements in its revenue and expe to the organization's financial statements that | describes the organization's accounting for |
| Pa | Complete if the organization ans | ections of Art, Historical Treasures, of wered 'Yes' to Form 990, Part IV, line | r Other Similar Assets. 8. |
| 1 | a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina | s held for public exhibition, education, or resea | enue statement and balance sheet works of arch in furtherance of public service, provide, |
| I | b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items | r SFAS 116 (ASC 958), to report in its revenue ld for public exhibition, education, or research | e statement and balance sheet works of art, in furtherance of public service, provide the |
| | (i) Revenues included in Form 990, Part VIII, | , line 1 | |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| | If the organization received or held works of a amounts required to be reported under SFAS | 116 (ASC 958) relating to these items: | |
| | a Revenues included in Form 990, Part VIII, line | e 1. | * \$ |
| | Assets included in Form 990, Part X | | ▶ \$ |

| Schedule D (Form 990) 2010 Seatt | | | | | <u>91-</u> 061 | | | Page 2 |
|---|------------------------------|---|--------------|---|------------------------------|--|-----------|----------|
| Part III Organizations Maintai | ning Collectio | ns of Art, Histo | rical | Treasures, or C | Other Similar As | sets (co | ntınu | ed) |
| 3 Using the organization's acquisition items (check all that apply) | on, accession, and | | | | nat are a significant | use of its | collect | ion |
| a Public exhibition | | \vdash | or exc | hange programs | | | | |
| b Scholarly research | | e U Other | | | | | | |
| c Preservation for future genera | | | | f 11 11 | | | | |
| 4 Provide a description of the organ Part XIV5 During the year, did the organization | | | | | | se in | | |
| 5 During the year, did the organizat assets to be sold to raise funds ra | ather than to be m | naintained as part | of the | organization's collec | ction? | Yes | | No |
| Part IV Escrow and Custodial 9, or reported an amou | Arrangement unt on Form 99 | s. Complete if 600, Part X, line | orgar 21. | nization answere | d 'Yes' to Form | 990, Pai | rt IV, | line |
| 1 a Is the organization an agent, trus included on Form 990, Part X? | tee, custodian, or | other intermediary | for c | ontributions or other | assets not | Yes | | No |
| b If 'Yes,' explain the arrangement | ın Part XIV and c | omplete the follow | ıng tal | ole: | | | | |
| | | | | | <u> </u> | Amount | | |
| c Beginning balance | | | | | 1c | | | |
| d Additions during the year | | | | | 1 d | | | |
| e Distributions during the year | • | | | | 1e | | | |
| f Ending balance | | | | | . <u> </u> | | | ٦ |
| 2a Did the organization include an a | | 90, Part X, line 21 | , | | | ☐ Yes | L | No |
| Part V Endowment Funds. Co | | raanization and | - NOr | ad 'Voc' to Form | 990 Part IV Jun | o 10 | | |
| ran V Endowment Funds. Co | | | | (c) Two years back | (d) Three years back | | our years | |
| 1 a Beginning of year balance | (a) Current year 300, 520 | (b) Prior yea 273, 4 | | 777, 933. | (u) Tillee years back | (e) F(| Jui years | 5 Dack |
| b Contributions | 200 | | 00. | 607. | | + | | |
| | 200 | ' ' | .00. | | | | | |
| Net investment earnings, gains, and losses | 60,093 | 30,8 | 11. | -168,007. | | | | |
| d Grants or scholarships | | | | 50,000. | | | | |
| Other expenditures for facilities and programs | 12,49 | 5. | | 280,428. | | | | |
| f Administrative expenses | 4,96 | 3,9 | 981. | 6,615. | | | | |
| g End of year balance | 343 <u>,</u> 348 | 3. 300,5 | 20. | 273,490. | | | | |
| 2 Provide the estimated percentage | e of the year end I | palance held as. | | | | | | |
| a Board designated or quasi-endow | | % | | | | | | |
| b Permanent endowment ▶ | 100.00% | | | | | | | |
| c Term endowment ► | % | | | | | | | |
| 3a Are there endowment funds not a organization by: | n the possession | of the organization | that a | are held and admini | stered for the | | Yes | No |
| (i) unrelated organizations. | | | | | | 3a(i) | X | |
| (ii) related organizations | • | | | | | 3a(ii) | | X |
| b If 'Yes' to 3a(II), are the related of | organizations liste | d as required on S | chedu | le R ⁹ | | 3b | | |
| 4 Describe in Part XIV the intended | | | | | XIV | | | |
| Part VI Land, Buildings, and I | | | | | | | | |
| Description of investment | (a) (| Cost or other basis (investment) | | Cost or other oasis (other) | (c) Accumulated depreciation | (d) B | Book va | lue |
| 1a Land | · | | | | | | | |
| b Buildings | <u> </u> | | | | | ļ | | |
| c Leasehold improvements | <u> </u> | | | | | | | |
| d Equipment | - | | | | | | | |
| e Other | n (d) much access ! | Form 000 Port V | col::== | n (P) (mo 10(a)) | |] | | 0. |
| Total, Add lines 1a through 1e (Columb | ıı (a) must equal i | UIIII 330, Part X, | LUIUIN | 11 (<i>a)</i> , iiile 10(<i>c</i>)) | | dule D (Fo | orm 90 | |
| | | | | | Julie | aule D (I (| ショココ フフ | -U, 2010 |

(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

^{2.} FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

| | | 1-001 | | rage 4 |
|---------------------|---|-----------------------|-------------------------------|--------|
| Par | | — | <u>N/A</u> | |
| 1 | Total revenue (Form 990, Part VIII,column (A), line 12) | - | | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | ŀ | | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | | |
| 4 | Net unrealized gains (losses) on investments . | | | |
| 5 | Donated services and use of facilities | Ļ | | |
| 6 | Investment expenses . | 1 | | |
| 7 | Prior period adjustments | | | |
| 8 | Other (Describe in Part XIV) | | | |
| 9 | Total adjustments (net) Add lines 4 through 8 | l. | | |
| _10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | } | | |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R | eturn | N/A | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| á | Net unrealized gains on investments | 1 1 | | |
| | Donated services and use of facilities 2b | 7 I | | |
| | Recoveries of prior year grants | 1 | | |
| | d Other (Describe in Part XIV) | 1 | | |
| | e Add lines 2a through 2d | 2e | | |
| | Subtract line 2e from line 1 | 3 | | |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | - | | |
| | |] ! | | |
| | a Investments expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4b | - | | |
| | o Other (Describe in Part XIV.) . 4b | اء ا | | |
| | | 4c | | |
| | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per | | wn N/A | |
| | | | III N/A | |
| 1 | Total expenses and losses per audited financial statements | 1 | | |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | - | | |
| | Prior year adjustments 2b | - | | |
| | C Other losses 2c | - | | |
| | d Other (Describe in Part XIV.) | -} | | |
| • | e Add lines 2a through 2d | 2e | | - |
| 3 | Subtract line 2e from line 1 | 3 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investments expenses not included on Form 990, Part VIII, line 7b | _ | | |
| | b Other (Describe in Part XIV) | ا ₋ ا | | |
| | c Add lines 4a and 4b. | 4c | _ | |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | _ |
| | rt XIV Supplemental Information | | | |
| Corr Part any | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comple additional information | /, lines te this (| 1b and 2b; part to provide | e |
| | <u>Part V, Line 4 - Intended Uses Of Endowment Fund</u> | | | |
| | To support the Rotary Boys and Girls Club and to support Foundation | oper | ations. | |
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| Schedule D (Form 990) 2010 | Seattle Rotary | Service Foundation nued) | | 91-0612120 | Page 5 |
|-----------------------------------|-----------------------|--------------------------|-------------|--------------|---------------|
| Part XIV Supplementa | I Information (contil | nued) | | | |
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Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047 2010

Open to Public Inspection

No

91-0612120

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Seattle Rotary Service Foundation Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number (a) Region (b) Number of (d) Activities conducted in (e) If activity listed in (f) Total offices in the of employees, region (by type) (e g, (d) is a program expenditures for agents, and fundraising, program service, describe and investments region independent services, investments, specific type of in region contractors grants to recipients service(s) in region in region located in the region) Prosperity rings 5,000. (1) South Asia Grants Sub-Saharan Malaria nets, 34,000. (2) Africa Grants water (3) (4) (5) (6) (7)(8) (9) (10)(11)(12)(13)**(14)** (15) (16)(17) 39,000. 3a Sub-total **b** Total from continuation sheets to Part I 39,000.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2010

Page 2

91-0612120

Schedule F (Form 990) 2010 Seattle Rotary Service Foundation

Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

| | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) |
|------------|--------------------------|--|-------------------|---------------------------------|-----------------------------|---------------------------------------|-----------------------------------|--|--|
| | | | Sub-Sah | Malaria | 1 | Wire | | | |
| Ξ | | | Sub-Sah | Water | | Wire | | | |
| (2) | | | Arrica Sub-Sah | water | 10,000. | Wire | | | |
| (3) | | | Africa | well | 6,000. | | | | |
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| G 33 | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

Schedule F (Form 990) 2010 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entitles BAA

Page 3

Schedule F (Form 990) 2010 Seattle Rotary Service Foundation

Partills Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| | | | | | | | | | | | | | | | | | • | Schedule F (Form 990), 2010 |
|---|-----|-----|-----|-----|-----|-----------------|-----|---------------------------------|------|--|--|--|--|--|---|--|---|-----------------------------|
| | | | | | | | | | | | | | | | | | | Schedule F |
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| | (1) | (1) | (3) | (2) | (3) | (3) (4) (5) (6) | (3) | (2) (3) (4) (6) (6) | | (3) (4) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | (1) (2) (3) (4) (6) (6) (9) (10) (11) (12) (13) (14) (15) | (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | 20 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 610 62 63 64 65 66 67 | |

| Sche | dule F (Form 990) 2010 Seattle Rotary Service Foundation 91- | 0612120 | Page 4 |
|------|---|---------------|----------------|
| Par | t IV遠 Foreign Forms | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see instructions for Form 8865) | Yes | XNo |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713) | Yes | X No |
| BAA | TEEA3505L 10/27/10 | Schedule F (F | Form 990) 2010 |

| Schedule F (Form 990) 2010 | Seattle Rotary | Service Foundat | ion | 91-0612120 | ′ Page 5 |
|--|---------------------------|--|--------------------------|--|-----------------------------|
| Part V Supplemental Complete this 3, column (f) (Part III, colum | Information | nformation required Part II, line 1 (acco | | nitoring of funds); Part III (accounting method mplete t his part to pro | I, line d); and ovide |
| Part I, Line 2 - Gran | tmakers Explanatior | For Grants Outsid | е US | | |
| The_Rotary_Club | _in_the_location | <u>the grants fund</u> | <u>ds are used monit</u> | tors_the_use_of_th | <u>ıe</u> |
| fundsOccasion | ally, Rotary Clu | <u>b of Seattle me</u> | <u>mbers will also t</u> | <u>travel to the loca</u> | <u>ıtion</u> |
| to_ensure_the_f | <u>unds are being u</u> | sed properly. A | lso, <u>Rotary Club</u> | <u>International reg</u> | mires_ |
| follow_up_repor | ts documenting t | he status of the | <u>various project</u> | <u>ts </u> | |
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SCHEDULE I

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

Openio Publica

OMB No 1545-0047

Employer identification number X Yes Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered 'Yes' to 91-0612120 : See Part IV Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Seattle Rotary Service Foundation 图如此 General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

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

ջ □

| A | (h) Purpose of grant or assistance | Support Club | Food bank assistance | School music programs | | | | | | | 2 | | Schedule 1 (Form 990) 2010 |
|---|---|---|--|---|-----|----------|--|----------|---|-----|--|---|--|
| • | (g) Description of non-cash assistance | | | | | | | | | | : | • | Sched |
| | (f) Method of valuation (book, FMV, appraisal, other) | | | | | | | | į | | | | 10/29/10 |
| | (e) Amount of non-cash assistance | 0. | 0. | 0 | | | | | | | | | TEEA3901L 10/29/10 |
| | (d) Amount of cash grant | 36,095. | 12,000. | 7,500. | | | | | | | | | |
| is needed | (c) IRC section if applicable | (c) (3) | (c) (3) | (c) (3) | | | | | | | rganizations | | s for Form 990. |
| additional space | (b) EIN | 91-0532600 (c) (3 | 91-1229941 | 26-4733898 (c) (3 | | | | | | |) and government o | suo | , see the Instruction |
| Part II can be duplicated if additional space is needed | 1 (a) Name and address of organization or government | (1) Boys & Girls Club Rotar 201 19th Avenue Seattle, WA 98122 | (2) Rotary First Harvest3200_1st Avenue SSeattle, WA 98134 | (3) Seattle Music4Life PO Box 34165 Seattle, WA 98124 | (4) | <u> </u> | | <i>∞</i> | | (8) | 2 Enter total number of section 501(c)(3) and government organizations | 3 Enter total number of other organizations | BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. |

Page 2

Schedule I (Form 990) 2010 Seattle Rotary Service Foundation

Partills Grants and Other Assistance to Individuals in the United States. Complete If the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|---|---|--|---|--|
| 1 Winners for Life | | | | | |
| 2 Scholarships | 12 | 22,970. | | | |
| m | | | | | |
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| S | | | | | |
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| 7 | | | | | |
| Partival Supplemental Information. Complete this part to pr | plete this part to p | rovide the information required in Part I, line | ion required in Par | 2 | and any other additional information. |
| <u>Part I, Line 2- Procedures for Monitoring Use of Grants</u> | i <u>ng Use of Grants</u> | Funds in U.S. | | | |
| The_Rotary_Club_in_the_location_the_grants_f | on_the_grants_f | <u>spūn</u> | are used monitors the use of the | se_of_the | |
| fundsOccasionally, Rotary_Club_of_Seattle_ | l <u>ub of Seattle</u> | members_will | also travel to the location | the location | |
| to_ensure_the_funds_are_being_used_properly. | used_properly. | | Also, Rotary Club International requires | onal requires | |
| follow_up_reports_documenting_the_status_of_ | the status of | <u>the various projects</u> | ojects | | |
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Schedule I (Form 990) 2010

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Seattle Rotary Service Foundation

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Complete if the organization to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number 91-0612120

| Parell Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) | Complete if the organiz | ation answered 'Ye | s' to Form 990, | Part IV, line 33 | 3.) | | |
|--|---|---|--|--|--------------------------------|-------------------------------|---|
| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | | (c) (Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | trolling y |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | _ | | | | | |
| (4) | 1 | | | | | | |
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| Partill Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) | organizations (Complete zations during the tax ye | e if the organization sar.) | answered 'Yes | s' to Form 990, | Part IV, line 34 | because it l | Jad |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | atus Drrect controlling entity | rolling Sec 5 control | (g) Sec 512(b)(13) controlled entity? |
| (1) Rotary Club of Seattle 1215 4th Avenue #1215 | To encourage and | | | | | | ļ. —— |
| . WA 98 | he ic rvice | WA | 501(c)(4) | | N/A | | × |
| (3) | | | | | | | |
| (b) | | | | | | | |
| <u>(5)</u> | | | | | | | |
| (9) | | | | | | | |
| $\overline{\omega}$ | | | | | | | |
| BAA For Paperwork Reduction Act Notice, see the Instructions for Form | ctions for Form 990. | | TEEA5001L 12/22/10 | | Sche | Schedule R (Form 990) 2010 | 990) 2010 |

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91-0612120

Schedule R (Form 990) 2010 Seattle Rotary Service Foundation

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| | (k) Percentage | ownership | | | | | | | | |
|--|-----------------------------|---|-------------------------------------|---|--|-----|---|--|-----|--|
| | al or | ging | 2 | | | | | | | |
| | © General or | mana partr | Yes | | | | | | | |
| | (I) Code V-UBI | amount in box 20 of Schedule | K-1 (Form 1065) | | | | | | | |
| | (h) Dispropor- | ate tions? | S. | | | | | | | |
| | (t Dispr | tion alloca | Yes | | | | | | | |
| lay year. | (g) Share of | end-of-year assets | | | | | | | | |
| ain fininn dins | (f) Share of total | income | | | | | | | | |
| ed as a partific | (e) Predominant | income (related, unrelated, excluded | from tax under sections 512-514) | | | | | | | |
| anizations treat | (c) (d) | controlling entity | | | | | | | | |
| lated orda | (c) | domicile (state or | foreign country) | | | | | | | |
| one or more re | (b) Primary activity | | | | | | | | | |
| because it had one of more related organizations treated as a partitle ship during the tax year. | (a) Name address and FIN of | related organization | | Ω | | (2) | 1 | | (3) | |

| a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Partions treated as a corporation or trust during the tax year.) | (b) (c) (d) Type of entity (c) Corp, S corp, S corp, country) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f | | | | | TEEA5002L 12/07/10 Schedule R (Form 990) 2010 |
|--|--|--|-----|-------------|-----|--|
| Part IV Identification of Related Organizations Taxable as a Corport Ine 34 because it had one or more related organizations transfer | (a) Name, address, and EIN of related organization Primary activity (s) (s) | | (2) | | (3) | ВАА |

91-0612120

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

| Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule. | | | | | Yes | No |
|--|---|----------------------------|-------------------------|---------------------------------------|-------------------|----------|
| 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | more related organizatı | ions listed in Parts II. | ;N; | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | : | : | | _a | | × |
| b Giff grant or capital contribution to other organization(s) | | • | : | 1 P | _ | × |
| | | | | - | | > |
| c Gift, grant, or capital contribution from other organization(s) | | : : | • | ٔ اِد | | <u>:</u> |
| d Loans or loan quarantees to or for other organization(s) | • | | | 1d | | × |
| (a) nother property and the state of the sta | | | | ٦ | | × |
| E Loans of loan gualantees by other organization(s) | | | : | <u>: </u> : | | |
| | | | | - | | > |
| r sale or assets to other organization(s) | | | : | 1 | 1 | : |
| g Purchase of assets from other organization(s) | : | : | | 19 | | × |
| | | | | + | | × |
| | • | • | | ; | | > |
| i Lease of facilities, equipment, or other assets to other organization(s) | : | | : | = _ | - | 4 |
| i Lease of facilities equinoment or other assets from other organization(s) | | | | = | | × |
| Leade of recinities, equipment, or order assets not constructed by garingarion of the construction of mambarchia or fundament calculations for other arganization(s) | • | | | = | | × |
| R PETIOTHIAICE OF SELVICES OF HIGH DEFINITION OF THE MANAGEMENT OF SELVICES OF SELVICES OF THE MANAGEMENT OF THE MANAGEM | :: | | | | | : : |
| I Performance of services or membership or fundraising solicitations by other organization(s). | : | : | : | | | < |
| m Sharing of facilities, equipment, mailing lists, or other assets | : | : | | | × | |
| | : | : | | | × — | |
| | | | | | | _ |
| • Reimbursement paid to other organization for expenses | : | : | • | 10 | × | |
| | | | | - | _ | × |
| p remindusement paid by other digamization for expenses | | | : | • <u>†</u> • • | ļ. | - |
| | | | | • | | ; |
| q Other transfer of cash or property to other organization(s) | : | : | | - | <u> </u> ; | < |
| r Other transfer of cash or property from other organization(s) | | | | - | × | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | olete this line, including | covered relationship | s and transaction thres | sholds. | | |
| | | 4 | 3 | | 3 | |
| (a) Name of other organization | | (b) Transaction type (a-r) | Amount involved | Method of determining amount involved | deteri t invol | mining |
| (1) Rotary Club of Seattle | | 0 | 44,356. | Cash | , | |
| (2) Rotary Club of Seattle | | I | 34,303. | Cash | | |
| | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
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| BAA TEEA5003L 12/23/10 | 01. | | Schec | Schedule R (Form 990) 2010 | 066 m |) 2010 |

Schedule R (Form 990) 2010 Seattle Rotary Service Foundation

Parivin Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity (b) (c) (c) (c) (d) (e) (e) (b) (e) (f) (e) (f) (h) (f) (h) (f) (f) (h) (g) (f) (f) (h) (g) (g) (g) (g) (g) (g) (g | (b) Primary activity | (c) Legal domicile (state or foreign country) | Are all partners section 501(c)(3) organizations? | (e) Share of end-of-year assets | (f) Disproportionate allocations? | Code V-UBI amount in box 20 of Schedule K-1 Form (1065) | (h) General or managing partner? | al or ging er? |
|---|----------------------|---|---|---------------------------------|-----------------------------------|--|---|----------------------|
| | | | Yes No | | Yes No | | Yes | No |
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| Schedule R (Form 990) 2010 | Page 5 |
|---|----------------|
| Part VII 3 Supplemental Information | |
| Complete this part to provide additional information for responses to questions on Schedule R (see instructions). | |
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TEEA5005L 07/16/10

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Schedule R (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|--------------------------------|
| Seattle Rotary Service Foundation | 91-0612120 |
| Form 990, Part VI, Line 3 - Description of Delegated Duties to Management Com | pany |
| The_Foundation_has_no_employees, but uses_administrative_service | ces_provided_for_a_fee |
| by_employees of the Rotary Club of Seattle. | |
| Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder | |
| The Foundation had 637 members at year end who elect the board | of trustees. |
| Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Boo | ly |
| The Foundation had 637 members at year end who elect the board | of trustees. |
| Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or | Shareholders |
| The Board of Trustees can alter, amend or repeal the bylaws of | the Foundation, at |
| which time the members of the Foundation are notified in writing | ng of such change. The |
| members may rescind the Board's actions with respect to the by | Laws by way of a |
| membership vote. The vote supercedes and takes precedence over | any action of the |
| Board of Trustees in making changes to the bylaws. | |
| Form 990, Part VI, Line 11b - Form 990 Review Process | - |
| The draft 990 is reviewed by Board officers prior to filing and | l a copy of the 990 is |
| made available to all Board members. | |
| Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Cor | nflicts |
| The Trustees and Officers of the Foundation are asked annually | if they have any |
| conflicts of interest. If there is a conflict, the trustee is | immediately asked to |
| step down. | |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available | |
| The Foundation makes its governing documents available to its makes | nembers through its |
| website. Conflict of interest and other policies are made avail | lable to members and |
| the public upon request. | |
| | |
| | |

2010

Schedule O - Supplemental Information

Page 2

Seattle Rotary Service Foundation

91-0612120

Form 990, Part XI, Line 5 Other Changes in Net Assets or Fund Balances

Net Unrealized Gains or Losses on Investments

 \$ 36,985.

 \$ 36,985.

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

| ~ | | 1545. | |
|-----|----|-------|--------|
| OMH | NΩ | 1545 | .1 /(P |

| Department of t Internal Revenu | the Treasury le Service | ► File a sep | arate appli | cation for each return. | | | • | | | | |
|--|---|---|---|---|------------------|--|---------------------------|--|--|--|--|
| | | Automatic 3-Month Extension, con | | | | | ► X | | | | |
| | | | | n, complete only Part II (on page 2 of the | s form | n) | لغتا | | | | |
| | | | | atic 3-month extension on a previously f | | | | | | | |
| corporation request an Associated | required to file extension of tir With Certain P | Form 990-T), or an additional (not ne to file any of the forms listed in | : automatic) Part I or Pa ust be sent | d a 3-month automatic extension of time 3-month extension of time. You can eleart II with the exception of Form 8870, In to the IRS in paper format (see instructional Charities & Nonprofits | ctronic forma | cally file Forn tion Return fo | n 8868 to or Transfers | | | | |
| Part I | Automatic 3 | Month Extension of Time. | nly subm | nit original (no copies needed). | | | | | | | |
| | | - | | -month extension - check this box and o | comple | ete Part I onl | y ► 🗍 | | | | |
| All other co income tax | rporations (inc returns | ludıng 1120-C filers), partnerships, | REMICS, a | nd trusts must use Form 7004 to request | t an ex | xtension of til | me to file | | | | |
| | Name of exempt | organization | | | Emplo | yer identification | number | | | | |
| Type or | | | | | | | | | | | |
| print | Seattle | Rotary Service Foundat | ion | | 91- | 0612120 | | | | | |
| File by the due date for | | and room or suite number. If a P O box, see in | | | | | | | | | |
| filing your return See | 1215 4th | Avenue #1215 | | | | | | | | | |
| instructions | City, town or pos | t office, state, and ZIP code For a foreign add | ress, see instru | ctions | | | | | | | |
| | Seattle, | WA 98161 | | | | | | | | | |
| Enter the R | Enter the Return code for the return that this application is for (file a separate application for each return) | | | | | | | | | | |
| Application Is For |) | | Return Code | Application Is For | | | Return Code | | | | |
| Form 990 | | | 01 | Form 990-T (corporation) | | | 07 | | | | |
| Form 990-B | BL | | 02 | Form 1041-A | | | 08 | | | | |
| Form 990-E | Z | | 03 | Form 4720 | | | 09 | | | | |
| Form 990-F | PF | | 04 | Form 5227 | | | 10 | | | | |
| Form 990-T | (section 401(a |) or 408(a) trust) | 05 | Form 6069 | | | 11 | | | | |
| Form 990-T | (trust other th | an above) | 06 | Form 8870 | | | 12 | | | | |
| Telephon If the or If this is check the external linequility | ne No. ► 206 rganization does for a Group R nis box ► □ ension is for est an automa | s not have an office or place of buse eturn, enter the organization's four . If it is for part of the group, check tic 3-month (6 months for a corpora | digit Group k this box ation require | e United States, check this box Exemption Number (GEN) If and attach a list with the names a ed to file Form 990-T) extension of time | | | | | | | |
| The e ► × | xtension is for calendar yea tax year beg | the organization's return for | , and endir | | al rati | uro. | | | | | |
| CI | nange in accou | nting period | | | al retu | | | | | | |
| nonre | fundable credit | for Form 990-BL, 990-PF, 990-T, 47 See instructions | | | 3a | \$ | 0. | | | | |
| paym | ents made Inc | lude any prior year overpayment al | lowed as a | _ | 3 b | \$ | 0. | | | | |
| EFTP | S (Electronic F | ct line 3b from line 3a Include you ederal Tax Payment System) See | instructions | | 36 | | 0. | | | | |
| Caution. If payment in: | | to make an electronic fund withdraw | wal with this | Form 8868, see Form 8453-EO and For | m 887 | /9-EO for | | | | | |

BAA For Paperwork Reduction Act Notice, see Instructions.