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DLN: 93493317065633

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

2012

OMB No 1545-0047

Open to Public

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

			l					Inspection
<b>B</b> Ch		pplicable	c Name of organization SEATTLE INTERNATIONAL FOUNDATION	•	31-2012		•	ntification number
	me cha	_	Doing Business As			20-83	5099!	5
_	tial retu rminate		Number and street (or P O box if m 1200 FIFTH AVENUE NO 1300	ail is not delivered to street address) Room/s	suite	E Telepho	ne num	ber
	ended		City or town, state or country, and Z SEATTLE, WA 981013151	IP + 4		(206)	622-2	294
Ар	plication	n pendıng	3EATTE, WA 301013131			<b>G</b> Gross r	eceipts	4,000,806
			F Name and address of prin	cıpal officer	1	s this a group	return	
			1200 FIFTH AVENUE NO 1	300	a	ffiliates?		Γ Yes <b>Γ</b> No
			SEATTLE, WA 981013151					ded? TYes TNo
<b>I</b> Ta	x-exen	npt statu	s	nsert no )	┤ <sup>™</sup>	f "No," attach	a list	(see instructions)
J W	ebsite	e: ► W	WW SEAIF ORG		H(c) (	Group exempt	ion nur	mber ►
<b>K</b> For	m of or	ganızatıo	n 🔽 Corporation 🗆 Trust 🗀 Association	n	<b>L</b> Year	of formation 20	07 <b>M</b>	State of legal domicile A
Pa	rt I	Sur	nmary					·
			describe the organization's missio					
a)	'	SEATT	LE INTL FOUNDATION IS ORGA	ANIZED & OPERATED AS A SUPPO	RTING OR	G TO THE SE	ATTLE	FOUNDATION
ě								
Ě	,	 Check	this box 🕶 if the organization dis	scontinued its operations or disposed	of more th	an 25% of its	net as	sets
Governance	-	CHECK	ting box F   In the organization als	continued to operations of disposed	or more en	an 23 % or its		
	1			ng body (Part VI, line 1a)			3	5
Activities &	1		· -	of the governing body (Part VI, line 1)	•		4	4
<del>کا</del>	1			calendar year 2012 (Part V, line 2a) ecessary)			5 6	6
∢	1			art VIII, column (C), line 12			7a	3,355
				om Form 990-T, line 34			7b	2,119
						Prior Year		Current Year
a)	8			ne 1h)	.	345,8		1,770,907
Revenue	9			ne 2g)		15,3 538,6		1,079
Ě	10 11			(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e)	•		108	555,473 3,355
	12	Tota	revenue—add lines 8 through 11	(must equal Part VIII, column (A), lı	ne			
	13		to and complet amounts and (Part	IX, column (A), lines 1-3 )		901,2 2,246,4		2,330,814
	14			X, column (A), lines 1-3 )		2,246,4	0	2,278,560
<b>\$</b> ?	15		ries, other compensation, employe	e benefits (Part IX, column (A), lines		384,6	+	409,940
Expenses	16a		essional fundraising fees (Part IX,	column (A), line 11e)		·	0	0
홄	ь	Total	fundraising expenses (Part IX, column (D)	, line 25) •-7,068				
ш	17	Othe	r expenses (Part IX, column (A), l	ınes 11a-11d, 11f-24e)		455,8	340	470,611
	18			st equal Part IX, column (A), line 25)		3,086,9	_	3,159,111
_ 07	19	Reve	nue less expenses Subtract line :	18 from line 12		-2,185,7 nning of Curre		-828,297
Not Assets or Fund Balances					Бедіг	Year		End of Year
55. B.ak	20	Tota	l assets (Part X, line 16)			15,904,6	666	15,577,669
3 B	21				•		574	71,481
	22 11 II	_	nature Block	line 21 from line 20		15,899,9	992	15,506,188
my k	nowled arer ha	dge and as any		imined this return, including accompa iplete Declaration of preparer (other				
			pe or print name and title					
			Print/Type preparer's name JANE M SEARING	Preparer's signature	Date 2013-11-13	Check If self-employed	PTIN P00000	0565
Paid		<u> </u>	Firm's name			Firm's EIN F 9:		
	pare On		Firm's address ► 10900 NE 4TH STREET	SUITE 1700		Phone no (425	) 454-49	919
JOC	<i>.</i> OII	ıy				,		

BELLEVUE, WA 98004

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	<u> </u>
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
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	11c	Yes	
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	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{\bullet}$	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
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		
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV			
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197  Note, All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response to any question in this Part V		Yes	
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0		165	<u> </u>
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		
	gaming (gambling) winnings to prize winners?	1c		
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	┧		
,	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
Ь	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		١
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		١
3	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		_
	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 as charitable contributions?	6a		1
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		١
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		ľ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
<b>P</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		ſ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		١
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
;	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		
) -	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		_
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		$\vdash$
_	Section 501(c)(7) organizations. Enter  Institution foca and control control tions and under an Port VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	<b>∤</b>		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
a		$\vdash$		
	Enter the amount of reserves the organization is required to maintain by the states		! i	l
b	ın which the organization is licensed to issue qualified health plans	_		
<b>o</b>				

Section A. Governing Body and Management

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo				
6	Did the organization have members or stockholders?	6	Yes					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	a The governing body?							
b	<b>b</b> Each committee with authority to act on behalf of the governing body?							
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue								
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
h								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
		10b 11a	Yes					
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes					
11a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes					
11a b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a						
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes					
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes					
11a b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes					
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13	Yes Yes Yes					
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did 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?	11a 12a 12b 12c 13	Yes Yes Yes Yes	No				
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes					
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did 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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes					

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►WA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JANE REPENSEK 1200 FIFTH AVENUE 1300 SEATTLE, WA (206) 622-2294

# 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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	an officer (trustee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) WILLIAM CLAPP	1 00	х		Х				0	0	0
PRESIDENT	0 00									
(2) PAULA CLAPP VICE PRESIDENT	1 00	х		х				0	0	0
(3) NORMAN B RICE	1 00									
SECRETARY/TREASURER	48 00	Х		Х				0	231,406	22,632
(4) THOMAS WALDRON	1 00									
TRUSTEE	0 00	Х						0	0	0
(5) ROBERT WRIGHT	1 00	х						0	0	0
TRUSTEE	0 00									
(6) MAURICIO VIVERO	40 00			Х				183,027	0	29,603
EXECUTIVE DIRECTOR	0 00									
										Form <b>990</b> (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from the organization i 2/1099-MIS	on (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estima mount o compens	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Highest compensated					rganizat relat organiza	ed
											-		
			-								+		
											+		
											+		
			-								+		
			-								-		
			-								-		
							Ļ						
1b Sub-Total				•	• •		<b>F</b>						
d Total (add lines 1b and 1c)	•			٠.	٠.		•	18	3,027	231,40	16		52,235
2 Total number of individuals (i	ncluding but not					dabov	e) w	no received mo	re th	an			
\$100,000 of reportable comp	ensation from th	e organ	nizatio	on <b>⊫</b> 1									
												Yes	No
3 Did the organization list any 1 on line 1a? If "Yes," complete						emplo	yee,	, or highest con	npens	sated employee	_		
For any individual listed on ling organization and related organization and related organization.	ne 1a, is the sum	of repo	rtabl	e co	mper						3		No
5 Did any person listed on line	1a receive or acc	rue co	 mnen	• satir	• on fro	· ·	· / IInr	elated organiza	• etion	or individual for	4	Yes	_
services rendered to the orga									• •		5		No
Section B. Independent C	ontractors												
Complete this table for your f compensation from the organ	ive highest comp											tax year	-
	<b>(A)</b> Name and business	address							Des	<b>(B)</b> cription of services		(C Compe	
											$\mp$		
											-+		
											_		

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part VII	Statement of Revenue								
	Check if Schedule O contains a respon	se to any question I		· · · ·					
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514			
	a Federated campaigns 1a								
unt	<b>b</b> Membership dues <b>1b</b>								
ا ي ق	c Fundraising events 1c								
ffs, FA	d Related organizations 1d	1,180,672							
:ē	Commence to the control of the contr								
Contributions, Gifts, Grants and Other Similar Amounts									
in the light	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	590,235							
흔동	g Noncash contributions included in lines 1a-1f \$	1,087		İ					
Cont	h Total. Add lines 1a-1f		1,770,907						
<u> </u>		Buarrage Code							
e l	<b>2a</b> SEMINARS	Business Code 611710	1,079	1,079					
eve (	b SEPTIMARY	611710	1,079	1,079					
ক দু	c								
Ş.	d								
Program Service Revenue	e								
<u>=                                    </u>	f All other program service revenue								
Š									
	g Total. Add lines 2a-2f		1,079						
'	Investment income (including dividence and other similar amounts)		375,465			375,465			
4	Income from investment of tax-exempt bond p	roceeds 🕨 🕨							
!	<b>5</b> Royalties	🟲							
	(i) Real	(II) Personal							
'	<b>5a</b> Gross rents <b>b</b> Less rental								
	expenses								
	or (loss)								
۱ '									
	(1) Securities	(II) O ther							
'	from sales of assets other	1,850,000							
	than inventory								
	b Less cost or other basis and sales expenses	1,669,992							
	c Gain or (loss)	180,008							
6	Net gain or (loss)		180,008			180,008			
Other Revenue	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18								
بـ حد	a								
the	<b>b</b> Less direct expenses <b>b</b>								
_   `	` ,	vents 🛌							
•	9a Gross income from gaming activities See Part IV, line 19 a								
	b Less direct expenses b								
10	` , , , , ,	rities							
10	Gross sales of inventory, less returns and allowances .								
	а								
	f b Less cost of goods sold $f b$								
	c Net income or (loss) from sales of inve								
	Miscellaneous Revenue	Business Code 541900	3,355		3,355				
11	ADMINISTRATIVE FEE	541900	3,335		3,335				
	b								
	d All other revenue								
	e Total. Add lines 11a-11d	🕨							
		_	3,355						
12	Total revenue. See Instructions		2,330,814	1,079	3,355	555,473			

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,389,320 1,389,320 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 889,240 889,240 Benefits paid to or for members Compensation of current officers, directors, trustees, and 212,630 146,715 63,789 2,126 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 147,348 101,669 44,206 1,473 Pension plan accruals and contributions (include section 401(k) 4,557 3,144 1,367 and 403(b) employer contributions) . . . . 46 22,904 6,871 229 Other employee benefits . . . . 15,804 10 22,501 15,526 6,750 225 11 Fees for services (non-employees) Management . . . . 124 Legal . . . . . . . . 180 54 2 Accounting . . . . . . . . . . . . 2,800 1,932 840 28 Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 41,325 41,325 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 74,567 51,451 22,370 746 Schedule O) . . . . . . . Advertising and promotion . . 42,536 29,350 12,761 12 425 13 Office expenses . . . . . 21,997 15,178 6,599 220 9,494 6,551 2,848 14 Information technology . . . 95 15 Royalties . 32,514 9,754 16 Occupancy . . . . . . 22,435 325 **17** 67,154 67,154 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . 95,608 95,608 20 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 23 5,680 1,704 3,919 57 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a ADMINISTRATIVE FEES 42,685 60,978 18,293 **DUES & SUBSCRIPTIONS** 10,619 7,327 3,186 106 ORGANIZATIONAL COSTS 2,777 1,916 833 28 d MISCELLANEOUS 1,007 1,460 438 15 922 922 e All other expenses Total functional expenses. Add lines 1 through 24e 25 3,159,111 2,883,663 268.380 7,068 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► | if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-ınterest-bearing	8,420	1	0
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	19,101	4	17,129
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other 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) Complete Part II of Schedule L			
				6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	600	9	1,196
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a			
	b	Less accumulated depreciation		10c	
	11	Investments—publicly traded securities	14,670,444	11	14,353,243
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	1,200,000	13	1,200,000
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	6,101	15	6,101
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,904,666	16	15,577,669
	17	Accounts payable and accrued expenses	4,674	17	21,481
	18	Grants payable	0	18	50,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
9	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>15</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	4.674	25	74 404
	26	Total liabilities. Add lines 17 through 25	4,674	26	71,481
φ		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets	15,899,992	27	15,506,188
<u> 8</u>	28	Temporarily restricted net assets	, ,	28	
<u> </u>	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
	30	complete lines 30 through 34.  Capital stock or trust principal, or current funds		30	
ets				31	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32 33	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	15,899,992	33	15,506,188
Net			<u> </u>		
	34	Total liabilities and net assets/fund balances	15,904,666	34	15,577,669

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· ·	<u> </u>	• •	~
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,3	330,814
2	Total expenses (must equal Part IX, column (A), line 25)	2			.59,111
3	Revenue less expenses Subtract line 2 from line 1	3			328,297
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			284,493
6	Donated services and use of facilities	6			,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			.50,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		15,5	506,188
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. F
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b		

OMB No 1545-0047

# **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

Total

**SCHEDULE A** 

(Form 990 or 990EZ)

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

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

Open to Public Inspection

		RNATIONAL FOUNDATION	N					Employe	r identii id	ation number	
,_,,,,,,	LE INTER	WWW. TOWNER OUT DOWN						20-8350	995		
Pa	rt I	Reason for Pu	blic Charity Sta	tus (All org	ganızatıon	s must com	plete this	part.) See	ınstructio	ons.	
he d	organiza	ation is not a priva	te foundation becaus	eıtıs (Forl	ınes 1 thro	ugh 11, chec	k only one	box )			
1	Γ.	A church, convent	ion of churches, or a	ssociation of	churches o	described in s	section 170	(b)(1)(A)(i)	•		
2		A school described	d in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Sched	lule E )					
3		A hospital or a cod	perative hospital se	rvice organiz	atıon desc	rıbed ın <b>secti</b>	on 170(b)(1	L)(A)(iii).			
4		A medical researc hospital's name, c	h organization operat ity, and state	ted ın conjun	ction with a	a hospital des	scribed in <b>s</b>	ection 170(b	)(1)(A)(ii	i). Enter the	
5			erated for the benefi	t of a college	or univers	ity owned or	operated by	a governme	ntal unit d	lescribed in	
	:	section 170(b)(1)(	( <b>A)(iv).</b> (Complete P	art II)							
6		A federal, state, or	local government or	government	al unit des	cribed in <b>sect</b>	ion 170(b)	(1)(A)(v).			
7		An organization th	at normally receives	a substantia	al part of its	support fron	n a governm	nental unit or	from the	general public	
			on 170(b)(1)(A)(vi).				_			-	
8			: described in <b>sectior</b>								
9		=	at normally receives					•	-	-	
		•	rities related to its ex	•	•		, ,	` ,		•	
			oss investment inco				•		1 tax) fron	n businesses	
			ganızatıon after June	•			•	•			
10		=	ganized and operated	•		-					
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a									
e f	;	other than foundat section 509(a)(2) If the organization	ox, I certify that the ion managers and oth received a written do	her than one	or more pu	blicly suppor	ted organiz	ations descr	bed in sec	orting organization,	
g	!	check this box Since August 17, 2 following persons?	2006, has the organ	zation accep	oted any gıf	t or contribut	ion from an	y of the		[v	
		(i) A person who d	irectly or indirectly o	ontrols, eith	er alone or	together with	n persons d	escribed in (	ı) _	Yes No	
		and (III) below, the	governing body of th	ie supported	organizatio	n?				<b>11g(i)</b> No	
		(ii) A famıly memb	er of a person descr	bed in (i) abo	ove?				<u> </u>	11g(ii) No	
			lled entity of a perso						[1	L1g(iii) No	
h		Provide the followi	ng information about	the supporte	ed organiza	tion(s)					
(i) I	Name of	f (ii) EIN	(iii) Type of	(iv) Is t	:he	(v) Did you	u notify	(vi) Is	the	(vii) A mount of	
	ported	ed organization organization in the organization					organiza		monetary		
orga	nizatio							col (i) or in the l		support	
		or IRC section   document?						, , ,			
			(see								
			instructions))	Yes	No	Yes	No	Yes	No		
(A) T	HE							1	1		
SEAT		916013536	7	Yes		Yes		Yes		2,339,538	

2,339,538

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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 lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (For	rm 990 or 990-EZ) 2012	Page
Part IV	Supplemental Information. Complete this part to provide the explanations required	by Part II, line 10;
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional	information. (See
	instructions).	

#### **Facts And Circumstances Test**

#### **Explanation**

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART I, LINE 11H, COLUMN (VII) - AMOUNT OF SUPPORT PAID GRANTS PAID TO THE SEATTLE FOUNDATION 67,500 AMOUNTS FOR THE BENEFIT OF THE SEATTLE FOUNDATION 2,211,060 EXPENSES PAID TO THE SEATTLE FOUNDATION 60,978 TOTAL 2,339,538

Schedule A (Form 990 or 990-EZ) 2012

Page **4** 

DLN: 93493317065633

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	ne of the organization TTLE INTERNATIONAL FOUNDATION		Employer identification number
JĽA	LET THE EVINALITOWALL COMPACTOR		20-8350995
Ра	organizations Maintaining Donor Ad organization answered "Yes" to Form 990	), Part IV, line 6.	<u> </u>
	T	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
<u> </u>	Aggregate contributions to (during year)		
3 1	Aggregate grants from (during year)  Aggregate value at end of year		
	Did the organization inform all donors and donor advis	ore in writing that the accepts hold in done	
	funds are the organization's property, subject to the o	rganization's exclusive legal control?	☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and cused only for charitable purposes and not for the bene conferring impermissible private benefit?		
Pai	t II Conservation Easements. Complete if	f the organization answered "Yes" to	Form 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	n or education) Preservation of an Preservation of a c	ertified historic structure
	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution in th	ne form of a conservation
		<u> </u>	Held at the End of the Year
а	Total number of conservation easements	-	2a
b	Total acreage restricted by conservation easements	<b>-</b>	2b
С	Number of conservation easements on a certified hist	` '	2c
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	d by the organization during
	the tax year 🛌		
	Number of states where property subject to conservat	tion easement is located ►	<u></u>
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and <b>Yes No</b>
	Staff and volunteer hours devoted to monitoring, insperience.	ecting, and enforcing conservation easem	ents during the year
,	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	during the year
	Does each conservation easement reported on line 2 (and section $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	ne footnote to the organization's financial	
ar	Organizations Maintaining Collection Complete if the organization answered "\		or Other Similar Assets.
а	If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, c	or research in furtherance of public
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, education, c	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
	If the organization received or held works of art, historical following amounts required to be reported under SFAS		· -
a	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
b	Assets included in Form 990, Part X		► \$
-	ASSECT METALEM IN FULLIFIED JOY FAIL A		F P

Part	<b>111</b> Organizations Maintaining Co	<u>llections of Art</u>	<u>:, His</u>	stori	<u>cal Tı</u>	<u>easur</u>	<u>es, or O</u>	<u>ther</u>	Similar As	ssets (c	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	heck	any of	the follo	wing that a	ire a s	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Г	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	er the or	ganızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donations	s of ar	rt, his	torical	treasure	es or othei	rsımı	lar		
	assets to be sold to raise funds rather than t		•							│ Yes	┌ No
Par	Part IV, line 9, or reported an an						answere	d "Ye	es" to Form	990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions or	other ass	ets n	ot	┌ Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table		_				
								_	Aı	mount	
с	Beginning balance							1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year						F	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•						☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pro	vided in P	art X	III		Γ
Pa	tt V Endowment Funds. Complete										
1_	Degraping of week belongs	(a)Current year	(Ь	)Prior	year	<b>b (c)</b> Two	o years back	(d)T	hree years back	<b>(e)</b> Four y	ears back
1a 	Beginning of year balance							<u> </u>			
b	Contributions							<del>                                     </del>		<del> </del>	
С	Net investment earnings, gains, and losses							<u> </u>			
d	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs										
g g	End of year balance							<del>                                     </del>			
_	Provide the estimated percentage of the curr	cont year and halan	co (lur	20.10	colum	n (a)) ho	old ac	<u> </u>			
2	Board designated or guasi-endowment	ent year end baran	ce (iii	ic ry	, coluii	iii (a)) iie	iu as				
a	•										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	are hel	d and ad	ministered	l for t	he	Yes	No
	(i) unrelated organizations								3a	(i) res	140
	(ii) related organizations									(ii)	<del>                                     </del>
b	If "Yes" to 3a(II), are the related organization								3	ВЬ	
4	Describe in Part XIII the intended uses of th	ie organization's en	dowm	nent f	unds						
Par	t VI Land, Buildings, and Equipme	<b>nt.</b> See Form 99	0, Pa				14-26	1	(-) A		Dan Incombra
	Description of property				a) Cost ( asis (inve	estment)	( <b>b)</b> Cost or basis (oth		(c) Accumula depreciatioi		Book value
1a	Land										
b	Buildings		•								
С	Leasehold improvements										
d	Equipment										
	Other										
Tota	<b>l.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colι	ımn (	B), line	10(c).)					0

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	+ +	Cost or end-of-year market value
(1)Financial derivatives	+	
(2)Closely-held equity interests Other	+	
o their		
	+	
	+	
	+	
(-, (-,,	Forms 000 Port V line 12	
Part VIII Investments—Program Related. Se (a) Description of investment type	ee Form 990, Part X, line 13.  (b) Book value	(c) Method of valuation
(a) Description of Investment type	DOOK VAIUE	Cost or end-of-year market value
(1) GLOBAL PARTNERS MICRO	1,000,000	C
(2) GLOBAL PARTNERS SOCIAL	200,000	С
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	1,200,000	
Part IX Other Assets. See Form 990, Part X, I	ne 15.	
(a) Descri	ption	(b) Book value
		l l
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 2.		
Part X Other Liabilities. See Form 990, Part		
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	<b>.</b>
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	<del> </del>
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	<b>.</b>
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	<b>.</b>
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	<b></b>
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	
(a) December of leability	X, line 25.	
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	X, line 25.  (b) Book value	

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII )	
e	Add lines <b>2a</b> through <b>2d</b>	
3	Subtract line <b>2e</b> from line <b>1</b>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII )	
C	Add lines <b>4a</b> and <b>4b</b>	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII )	
e	Add lines 2a through 2d	
3	Subtract line <b>2e</b> from line <b>1</b>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII )	
C	Add lines <b>4a</b> and <b>4b</b>	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and $4$ , Part IV, lines	1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SEATTLE INTERNATIONAL FOUNDATION

DLN: 93493317065633

OMB No 1545-0047

**SCHEDULE F** (Form 990)

Department of the Treasury

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Open to Public Inspection

Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

**Employer identification number** 

20-8350995

Part I	ation on Activities , Part IV, line 14b.	<b>d States.</b> Complete	e if the organization answered

T	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?	Yes	Γ	No

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

(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and	(d) Activities conducted in region (by type) (e g , fundraising, program	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in region
		ındependent contractors ın region	services, investments, grants to recipients located in the region)	service(s) in region	
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	GRANTMAKING	701,740
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	GRANTMAKING	35,000
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	GRANTMAKING	12,500
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	GRANTMAKING	27,500
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	GRANTMAKING	112,500
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PRO GRAM A CTIVITIES	TRAVEL EXPENSES FOR PROGRAM ACTIVITIES IN REGION	33,34
Sub-total	0	0			922,58
Total from continuation sheets to Part I	0	0			
Totals (add lines 3a and 3b) Paperwork Reduction Act Notice, see	the Instructions	for Form 990		No 50082W Schedu	922,58 le F (Form 990) 2012

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 99
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								
	_								

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

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Part III 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		<del>                                     </del>		+
	<del> </del>		<del>                                     </del>		<del> </del>	<del> </del>	+
			<del></del>		<u> </u>		
			<b></b>		<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	<del>                                     </del>	+			+		+
			<u> </u>		-		+
	<del> </del>		<del>                                     </del>		<del> </del>	<del> </del>	<del></del>
			<del> </del>		<u> </u>	<del> </del>	
						1	

## Part IV Foreign Forms

1	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)	<b>~</b>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay 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)	Γ	Yes	্য	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)	Г	Yes	굣	Νo
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)	Γ	Yes	굣	Νo
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)	Г	Yes	굣	Νo
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).	Г	Yes	্	Νo

Schedule F (Form 990) 2012

## Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Also cor	I	I
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 WE CONDUCT PRE-GRANT INQUIRIES, HAVE GRANT AGREEMENTS, PROVIDE A SEPARATE ACCOUNTING OF THE FUNDS, AND INVESTIGATE ANY DIVERSIONS FOR ALL GRANTS LEAVING THE UNITED STATES AS REQUIRED THE GRANTEE IS EXPECTED TO PROVIDE A REPORT ON HOW THE MONEY WAS SPENT AND WHAT PROGRAM AREAS WERE IMPACTED SCHEDULE F, PART IV, LINE 1 FORM 926 IS NOT
		REQUIRED TO BE FILED BECAUSE THE TRANSFER TO A FOREIGN CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN IRC SEC 6038(A)(1)(A)
	<u>l</u>	I .

**Additional Data** Software ID: **Software Version: EIN:** 20-8350995 Name: SEATTLE INTERNATIONAL FOUNDATION Form 990 Schedule F Part II - Grants or Entities Outside The United States (b) IRS code (ı) Method of (h) Description of (g) A mount of non-(e) A mount of section (f) Manner of valuation (a) Name of (c) Region (d) Purpose of grant cash non-cash and EIN(ıf cash disbursement (book, FMV, organızatıon cash grant assistance assistance applicable) appraisal, other) CENTRAL AMERICA TO PROVIDE 15,000 WIRE TRANSFER N/A N/A AND THE CONTINUED CARIBBEAN SUPPORT FOR THE VOCATIONAL TRAINING CENTER IN SANTA CRUZ, GUATEMALA CENTRAL AMERICA TO SUPPORT THE 22,300 WIRE TRANSFER N/A N/A ANDTHE EXPANSION OF THE CARIBBEAN JOSECHAS YOUTH EMPO WERMENT PROGRAM LED BY 17 TRAINED YOUTH LEADERS FROM SAN ONOFRE IN THE DEPARTMENT OF BOACO, EAST OF MANAGUA TO PROVIDE CENTRALAMERICA 50,000 WIRE TRANSFER N/A N/A CONTINUED AND THE CARIBBEAN SUPPORT TO THE AVANCEMOS PROGRAM IN SIX CITIES IN EL SALVADOR. SUPPORTING 290 YOUTH COLLECTIVES, INVOLVING BETWEEN 1,500 AND 2,000 YOUTH CENTRAL AMERICA TO SUPPORT 10,000 WIRE TRANSFER N/A N/A ANDTHE SOCIAL MOBILIZATION FOR CARIBBEAN THE PREVENTION, DETECTION, AND PUNISHMENT OF COMMERICAL SEXUAL EXPLOITATION IN SAN RAFAEL DEL SUR CENTRAL AMERICA \$20,000 TO 24,000 WIRE TRANSFER N/A N/A ANDTHE SUPPORT CARIBBEAN TRAINING AND CAPACITY BUILIDING ACTIVITIES FOR 50 WOMEN IN THE MAQUILA INDUSTRY, AND \$4,000 TO SUPPORT OUTSIDE CONSULTING TO FINANCE TECHNICAL ASSISTANCE SOUTH ASIA 12,500 WIRE TRANSFER TO ALLOW AYNI TO N/A N/A EXPAND ITS COMPUTER LITERACY PROGRAM TO A THIRD SITE -- THE OMUL BLAD GIRLS SCHOOL IN MAZAR-E-SHARIF, WHICH WAS BUILT IN 2011 AND SERVES NEARLY 4,000 GIRLS CENTRAL AMERICA TO PROVIDE 65,000 WIRE TRANSFER N/A N/A ANDTHE CONTINUED CARIBBEAN SUPPORT TO DPLFS EFFORTS IN GUATEMALA, HONDURAS AND EL SALVADOR TO PROMOTE JUDICIAL INDEPENDENCE, TRANSPARENCY AND THE RULE OF LAW CENTRAL AMERICA TO PROVIDE 7,000 WIRE TRANSFER N/A N/A ANDTHE GENERAL SUPPORT CARIBBEAN CENTRAL AMERICA TO PROVIDE 10,000 WIRE TRANSFER N/A N/A ANDTHE VOCATIONAL TRAINING AND CARIBBEAN PERSONAL DEVELOPMENT OPPORTUNITIES FOR WOMEN FROM IMPOVERISHED AREAS OF PANAMA CENTRAL AMERICA TO SUPPORT A 25,000 WIRE TRANSFER N/A N/A ANDTHE YOUTH-LED RADIO CARIBBEAN PROGRAM THAT WILL TRAIN 155 WOMEN AND 15 MEN IN AT-RISK COMMUNITIES OF GUAZAPA ON BUILDING **IEFFECTIVE** COMMUNICATION AND LEADERSHIP SKILLS CENTRAL AMERICA TO PROVIDE 25,000 WIRE TRANSFER N/A N/A ANDTHE GENERAL SUPPORT CARIBBEAN ON BEHALF OF THE EMPLOYEES OF MICROSOFT CENTRAL AMERICA TO SUPPORT 35,000 WIRE TRANSFER N/A N/A ANDTHE DEVELOPMENT OF CARIBBEAN THE REGION, PROVIDE GENERAL SUPPORT AND CONVENE LEADERS FOR ANNUAL MEETING CENTRAL AMERICA TO SUPPORT 10,000 WIRE TRANSFER N/A N/A ANDTHE FUNDAP'S WORK IN CARIBBEAN EDUCATION IN GUATEMALA CENTRAL AMERICA TO PROVIDE FOOD 12,000 WIRE TRANSFER N/A N/A ANDTHE ASSISTANCE AND CARIBBEAN TO SUPPORT RECONSTRUCTION

EFFORTS IN MIXCO

HUEHUETENANGO

MICROENTERPRISES RUN BY WOMEN IN

CAPITAL FOR

6,500 WIRE TRANSFER

50,000 WIRE TRANSFER

9,000 WIRE TRANSFER

20,000 WIRE TRANSFER

10,000 WIRE TRANSFER

50,000 WIRE TRANSFER

15,000 WIRE TRANSFER

15,000 WIRE TRANSFER

15,000 WIRE TRANSFER

12,500 WIRE TRANSFER

45,000 WIRE TRANSFER

25,000 WIRE TRANSFER

25,000 WIRE TRANSFER

15,000 WIRE TRANSFER

42,500 WIRE TRANSFER

25,000 WIRE TRANSFER

N/A

AND

CUBA

REGIONAL

VARIOUS REGIONAL MEETINGS, WORKSHOPS, AND OTHER ACTIVITIES

IN CENTRAL AMERICA

ASOGENS

ADVICE, COUNSELING, MONITORING OF LEGAL CASES, AND

ACCESS TO SHELTERS

TO SUPPORT THE

OFANKOR MICRO-

PROVIDING SMALL
LOANS TO 300 NEW
ENTREPRENEURIAL
CLIENTS FUNDS
WILL ALSO
SUPPORT THE
HIRING OF LOAN
OFFICERS TO THE
MONITOR THE
PROGRAM AND
SMALL BUSINESS
MANAGEMENT
TRAINING FOR
MICRO-LOAN
BORROWERS

LOAN FUND IN GHANA,

TO PROVIDE

TO PROVIDE
CONTINUED
SUPPORT FOR
THEIR LOCAL
PARTNER IN INDIA,
DIGITAL STUDY
HALL, SERVING
APPROXIMATELY
2,600 RURAL AND
SLUM CHILDREN
THROUGHOUT 28
SCHOOLS IN INDIA

CENTRAL AMERICA TO SUPPORT A

PUBLIC

CLINIC

TO PROVIDE

CONTINUED
SUPPORT FOR ONE
BY ONE'S "LET'S
END FISTULA"
INITIATIVE IN
WESTERN KENYA
TO SUPPORT THEIR

INDIGENOUS
MOTHERS AND
CHILDREN
NUTRITION
PROGRAM IN
CHIAPAS, MEXICO
THIS PROJECT
PROVIDES
SUPPORT AND
TRAINING FOR
WOMEN TO
PRODUCE A
NATURAL

SUPPLEMENT FOR MALNOURISHED CHILDREN, BENEFITTING AROUND 500 CHILDREN

PROJECTS FOR THE SOCIO-ECONOMIC

AND POLITICAL EMPOWERMENT OF WOMEN LEADERS IN WESTERN HONDURAS

TRAINING OF 500

ORGANIZATIONAL LEADERSHIP

INDIGENOUS
GARIFUNA WOMEN
ACROSS TEN
COMMUNITIES,
WITH A FOCUS ON
STRENGTHENING
THEIR PERSONAL

CENTRAL AMERICA TO SUPPORT

CENTRAL AMERICA TO SUPPORT THE

AND

AROUND PROMOTING

YOUTH
COMMUNITY
ACTION IN EL
PROGRESO,
HONDURAS

EDUCATION, YOUTH

NICARAGUA

WITH THE
INTERNATIONAL
INDIGENOUS
WOMEN FORUM
PATH WILL
ORGANIZE A
REGIONAL
PROGRAM TO
IDENTIFY THE BEST

RESEARCH

THAT ARE
APPLICABLE TO
INDIGENOUS
COMMUNITIES

CENTRAL AMERICA TO FUND SERVICES

CENTRAL AMERICA TO SUPPORT THEIR

ADVOCACY,

RESEARCH AND
DIALOGUES WITH
THE MINISTRIES OF
EDUCATION AND
HEALTH TO
IMPLEMENT A
REPRODUCTIVE
HEALTH

CURRICULUM IN GUATEMALAN SCHOOLS

METHODOLOGIES

FOR PEOPLE WITH

DISABILITIES AND TRAINING FOR LOCAL MEDICAL PROFESSIONALS, IN SIERRA LEONE, BANGLADESH, VIETNAM AND HAITI THIS GRANT IS MADE POSSIBLE BY THE FINANCIAL SUPPORT OF JUANITA ANDERSON

COUNTRY OFFICE AND THEIR PROGRAM IN COLLABORATION

LEADERSHIP AND

CENTRAL AMERICA TO SUPPORT WORK

CENTRAL AMERICA TO SUPPORT THE

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CARIBBEAN

A WARENESS
CAMPAIGN AND A
SERIES OF
TRAININGS AND
WORKSHOPS AIMED
AT SECURING
FUNDING FOR A
GYNECOLOGICAL

SUPPORT FOR THE

MEDICAL CLINIC IN MBITA, KENYA THIS GRANT IS MADE IN

PARTNERSHIP WITH
THE FINANCIAL
SUPPORT OF THE
MCKINSTRY CO
CHARITABLE
FOUNDATION,
INCLUDING A
PARTIAL MATCH
FROM THE BILL &
MELINDA GATES
FOUNDATION

GENERAL SUPPORT

COMPREHENSIVE SERVICES TO WOMEN SURVIVORS OF VIOLENCE, INCLUDING LEGAL

INITIATIVE TO
STRENGTHEN THE
LEADERSHIP AND
CAPACITY OF
WOMEN HUMAN
RIGHTS DEFENDERS
AND INDIGENOUS
WOMEN THROUGH

CENTRAL AMERICA TO PROVIDE SEED

CENTRAL AMERICA TO SUPPORT A

CENTRAL AMERICA TO PROVIDE

CENTRAL AMERICA TO SUPPORT

ANDTHE

ANDTHE

ANDTHE

ANDTHE

CARIBBEAN

CARIBBEAN

SUB-SAHARAN

SUB-SAHARAN

SOUTH ASIA

ANDTHE

CARIBBEAN

SUB-SAHARAN

NORTH AMERICA

AFRICA

AFRICA

AFRICA

CARIBBEAN

CARIBBEAN

Form 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)	
			TO SUPPORT CAPACITY BUILDING ACTIVITIES FOR RWANDAN TEACHERS AT THE GASHORA GIRLS ACADEMY, WHILE DEVELOPING STANDARDS OF TRAINING, CURRICULUM, AND PROGRAMMING WHICH CAN BE SHARED THROUGHOUT RWANDA	15,000	WIRE TRANSFER		N/A	N/A	
			TO SUPPORT THE REBUILDING OF SCHOOLS IN SIERRA LEONE	7,500	WIRE TRANSFER		N/A	N/A	
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT A PILOT PROJECT PROVIDING MINORS WITH COUNSELING, HEALTH PROMOTION, EMPLOYMENT OPPORTUNITIES AND OTHER SERVICES TO SUCCESSFULLY COMPLETE A DIVERSION PROGRAM PROVIDING ALTERNATIVES TO INCARCERATION	15,000	WIRE TRANSFER		N/A	N/A	
		EAST ASIA AND THE PACIFIC	TO ADDRESS (1) UNCLEAN WATER AND (2) UNSAFE HYGIENE PRACTICES FOR CHILDREN LIVING IN POVERTY IN CAMBODIA SUPPORT FROM THE SIF WOULD PROVIDE (1) RELIABLY SAFE WATER AND (2) LOCALLY APPROPRIATE HYGIENE EDUCATION FOR CHILDREN IN SCHOOLS, RESCUE HOMES, ORPHANAGES	15,000	WIRE TRANSFER		N/A	N/A	
		CENTRAL AMERICA AND THE CARIBBEAN		85,800	WIRE TRANSFER		N/A	N/A	
			TO PROVIDE CAMBODIAN SOCIAL WORK STUDENTS WITH PROFESSIONAL INTERNSHIP OPPORTUNITIES AT THE CALMETTE HOSPITAL, TO FURTHER STRENGTHEN THE FIRST SOCIAL WORK PROGRAM IN CAMBODIA MANAGED AND SUPPORTED BY THE UNIVERSITY OF WASHINGTON SOCIAL WORK DEPARTMENT	15,000	WIRE TRANSFER		N/A	N/A	
			TO SUPPORT THEIR ETHIOPIAN PARTNERS TO CONSTRUCT NINE PUBLIC WATER POINTS IN THE COMMUNITY OF GONBISA KUSSAYE, ETHIOPIA	15,000	WIRE TRANSFER		N/A	N/A	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

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

OMB No 1545-0047

DLN: 93493317065633

Open to Public

Department of the Treasury

Schedule I

(Form 990)

lame of the organization						Employer identificati	on number
SEATTLE INTERNATIONAL FOUNI	DATION					20-8350995	
Part I General Informati							
<ol> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants or as zation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	ed States			✓ Yes
				e <b>United States.</b> Con art II can be duplicate			es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 5							29
3 Enter total number of other org	amzations nstea in ti	ie iilie i table		<del></del>		<u> </u>	

t III	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>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
		1	l	]		

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 DUE DILIGENCE IS PERFORMED ON ALL GRANT RECOMMENDATIONS BY THE GRANTS ADMINISTRATOR GRANTS ARE REVIEWED AND APPROVED BY THE SUPPORTING ORGANIZATION BOARD OR THE SUPPORTING ORGANIZATION GRANT COMMITTEE PRIOR TO DISTRIBUTION A QUORUM MUST BE MET FOR DISTRIBUTION

Additi

AGROS INTERNATIONAL

SEATTLE, WA 981212057

AGROS INTERNATIONAL

BURKITT'S LYMPHOMA

20521

CLEAR PATH

981102648

FUND FOR AFRICAPO BOX

SEATTLE, WA 981021521

INTERNATIONAL321 HIGH

SCHOOL RD NE STE D3 574

BAINBRIDGE ISLAND, WA

EARTHCORPS6310 NE

ETTA PROJECTS13624

FACING THE FUTURE1904

THIRD AVENUE SUITE 510

SEATTLE, WA 98101

FOUNDATION FOR

WESTPATH TERRACE

MANAGEMENT EDUCATION

IN CENTRAL AMERICA5016

BETHESDA, MD 208162221 GLOBAL PARTNERSHIPS

909 NE BOAT ST STE 200

SEATTLE, WA 981056672 GLOBAL PARTNERSHIPS

909 NE BOAT ST STE 200

SEATTLE, WA 981056672

GLOBAL VISIONARIES2524

SEATTLE, WA 981445104

GLOBAL WASHINGTON500

SEATTLE, WA 981014046

HEAL AFRICAPO BOX 147

MONROE, WA 982720147

HUMANOSPHERE1636 N

SEATTLE, WA 981036120

HUMANOSPHERE1636 N

SEATTLE, WA 981036120 ILEAP4649 SUNNYSIDE

SEATTLE, WA 981036955

ILEAP4649 SUNNYSIDE

SEATTLE, WA 981036955

INITIATIVE FOR GLOBAL

DEVELOPMENT1325 4TH

SEATTLE, WA 981012671 JOLKONA1904 3RD AVE

SEATTLE, WA 981011150

AVE N STE 400

AVE STE 1005

STE 417

**54TH STREET** 

54TH STREET

AVE N STE 400

16TH AVE S RM 305

UNION ST STE 801

PORT ORCHARD, WA

VINTAGE DR SW

983679200

SEATTLE, WA 981158168

74TH ST STE 201E

2225 4TH AVE STE 200

EIN: 20-8350995

Name: SEATTLE INTERNATIONAL FOUNDATION

Software ID:

**Software Version:** 

509(A)(1) OR (A)(2)

91-1276578

91-1276578

27-1829868

03-0468552

91-1592071

33-1055457

91-1678158

54-1492775

82-0574491

82-0574491

71-0872239

27-0521628

20-4104936

20-1347313

20-1347313

20-8003146

87-0799891

16,400

12,500

15,000

12,500

15,000

14,710

15,000

25,000

250,000

50,000

15,000

150,000

15,000

20,000

40,000

100,000

15,000

50,000

10,000

stance to Governments and Organizations

N/A

Return to Form

**(h)** Purpose of grant or assistance

TO PROVIDE

GENERAL SUPPORT

TO SUPPORT THE

EMPOWERS THE POOR IN EL

TRAINING, ENVIRONMENTAL AND NUTRITIONAL EDUCATION, MICRO-

CREDIT, AND COMMUNITY DEVELOPMENT

FOR CANCER

PATIENT ADHERENCE

MEDICAL PERSONNEL

TO PROVIDE

DEVELOPMENT

TRAINING AND

WOMEN WITH
DISABILITIES IN
PARTNERSHIP WITH
THE LAO DISABLED

TO SUPPORT 15

ENVIRONMENTAL
LEADERS FROM
AROUND THE WORLD
IN AN INTENSIVE
LEADERSHIP
PROGRAM ON
RESTORATION AND
ENVIRONMENTAL
ISSUES IN THE
PUGET SOUND
REGION

TO SUPPORT THE

THIRD PHASE OF A

COMPREHENSIVE,

UNDERSTAND THEIR

RESPONSIBILITIES AS RURAL HEALTH

RURAL HEALTH
PROGRAM IN
BOLIVIA 24
COMMUNITY
MEMBERS WILL
PARTICIPATE IN A
COMPREHENSIVE
TRAINING PROGRAM,
ENABLING THEM TO

IBETTER.

ROLESAND

OFFICIALS

GENERAL

TO PROVIDE

OPERATING SUPPORT FTF DESIGNS GLOBAL CURRICULA WITH A FOCUS ON GENDER

EQUALITY, ENVIRONMENTAL SUSTAINABILITY AND DISCUSSING

ISSUES

2012 CALI

PROGRAM

LEADERSHIP

TO PROVIDE

TO PROVIDE

OPERATING SUPPORT

TO PROVIDE

OPERATING SUPPORT

TO PROVIDE

OPERATING SUPPORT

DR CONGO, FEATURING KEY MESSAGES RELATED TO THEIR MISSION AND CELEBRITY SPOKEPEOPLE

TO STRENGTHEN

COMMUNICATIONS AND DEVELOPMENT STRATEGIES BY CREATING THREE TO FIVE VIDEOS ABOUT THEIR WORK IN THE

TO SUPPORT ONLINE

NEWS COVERAGE

AND COMMUNITY EVENTS AIMED AT IMPROVING PUBLIC KNOWLEDGE OF AID AND DEVELOPMENT

EFFORTS

TO PROVIDE

LEADERS TO

FOR WOMEN
GRASSROOTS
LEADERS FROM THE
DEVELOPING WORLD,
INCLUDING FIVE
FROM CENTRAL
AMERICA

TO SUPPORT THE

WOMEN'S LEADERSHIP

TO PROVIDE

TO SUPPORT JOLKONA FOR THE

TO SECURE
MATCHING GIFTS
AND PROMOTE THE
CAMPAIGNS

CENTRALAMERICAN

PROGRAM, AND THE 2013 MEETING OF ILEAP FELLOWS IN CENTRAL AMERICA

GENERAL SUPPORT

2013 GIVE2GIRLS CAMPAIGN AND THE DAY-OF-THE-GIRL CAMPAIGN GRANT FUNDS WILL BE USED

GENERAL SUPPORT

TO SUPPORT WOMEN

PARTICIPATE IN THE

GLOBAL WOMEN'S LEADERSHIP PROGRAM- A TEN-WEEK LEADERSHIP AND SOCIAL INNOVATION TRAINING PROGRAM

GENERAL

GENERAL

GENERAL

THEIR

GENERAL SUPPORT

SURROUNDING POVERTY

TO SUPPORT THE

EMERGING

WOMEN'S
DEVELOPMENT
CENTER (LDWDC),
BENEFITTING 68
DISABLED WOMEN
AND THEIR
FAMILIES

ENTREPRENEURIAL OPPORTUNITIES FOR

BUSINESS

TO SUPPORT THE

AVAILABILITY OF MEDICAL SUPPLIES

PATIENTS, INCREASE

THROUGH SUPPORT FOR PATIENTS AND THEIR FAMILIES, AND BUILD THE CAPACITY OF LOCAL

TREATING THIS RARE FORM OF CANCER

SALVADOR THROUGH HEALTH CARE, YOUTH LEADERSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance				

2225 4TH AVE STE 200 SEATTLE, WA 981212057			22,000		WOMEN'S COMMUNITY BANKING PROGRAM FOR IMPOVERISHED WOMEN IN GUATEMALA
ASAPROSARPO BOX 5348 BRADFORD, MA 018350348	04-3301725	509(A)(1) OR (A)(2)	10,000	N/A	FOR GENERAL OPERATING SUPPORT AND TO RECOGNIZE THEIR 40 YEAR ANNIVERSARY ASAPROSAR

Form 990,Schedule I, Par (a) Name and address of organization or government	t II, Grants an (b) EIN	d Other Assistance (c) IRC Code section if applicable		(e) A mount of non- cash	s in the United St (f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
LANDESA1424 4TH AVE STE 300 SEATTLE,WA 981012290	91-1158970	509(A)(1) OR (A)(2)	75,000		1	N/A	TO PROVIDE GENERAL OPERATING SUPPORT FOR LANDESA'S WORK AROUND LAND
							RIGHTS GLOBALLY AND PROVIDE SUPPORT TO INCREASE LEGAL RIGHTS OF WOMEN
LANDESA1424 4TH AVE STE 300	91-1158970	509(A)(1) OR (A)(2)	111,585		N/A	N/A	TO INHERIT AND OWN LAND IN RURAL INDIA TO PROVIDE GENERAL OPERATING
SEATTLE, WA 981012290  LINGOS GLOBAL3834 94TH	20-3100992	509(A)(1) OR (A)(2)	5,700		N/A	N/A	SUPPORT FOR LANDESA'S WORK AROUND LAND RIGHTS GLOBALLY TO PROMOTE
AVE NE BELLEVUE, WA 980041320	20 3100332		3,, 00				LEADERSHIP AND CAPACITY BUILDING OF SIF'S LOCAL PARTNERS IN CENTRAL AMERICA
							THROUGH ONLINE LEARNING AND PROJECT MANAGEMENT COURSES, AND TO
LITERACY BRIDGEPO BOX 1256 SEATTLE,WA 981111256	26-1335205	509(A)(1) OR (A)(2)	12,500		N/A	N/A	COVER SIF'S ANNUAL MEMBERSHIP DUES TO CONTINUE TO SUPPORT THEIR EFFORTS TO REDUCE
							CHILD MORTALITY AND IMPROVE MATERNAL HEALTH THROUGH A LOW- COST AUDIO DEVICE
							DESIGNED TO ALLOW ILLITERATE MOTHERS TO LEARN MORE EFFECTIVELY FROM LOCAL HEALTH
ONEWORLD NOW600 1ST	26-4729771	509(A)(1) OR (A)(2)	15,000		N/A	N/A	EXPERTS AND BETTER ADOPT NEW MATERNAL PRACTICES TO PROVIDE
AVE STE 620 SEATTLE, WA 981042221							GENERAL OPERATING SUPPORT TO FUND OWN'S WORK WITH LOCAL SEATTLE YOUTH WHO WOULD OTHERWISE LACK
							ACCESS TO STUDY ABROAD PROGRAMS, LEADERSHIP DEVELOPMENT, AND CRITICAL LANGUAGE
PEACE TREES VIETNAM 1301 5TH AVE STE 2500 SEATTLE, WA 981012673	20-1051471	509(A)(1) OR (A)(2)	15,000		N/A	N/A	TRAINING  TO CONTINUE TO PROVIDE GENERAL OPERATING SUPPORT FOR
							PEACETREE VIETNAM'S ACTIVITIES INCLUDING REMOVING
							EXPLOSIVE REMNANTS OF WAR, LEADING SURVIVOR ASSISTANCE AND MINE RISK
							EDUCATION PROGRAMS, SUPPORTING COMMUNITY BUILDING PROJECTS
PHILANTHROPY NORTHWEST2505 3RD AVE STE 200 SEATTLE, WA 981211494	91-1110995	509(A)(1) OR (A)(2)	5,075		N/A	N/A	TO RENEW SIF'S ANNUAL MEMBERSHIP, TO PROMOTE PNW'S MISSION AND CREATE
							OPPORTUNITIES FOR COLLABORATION WITH OTHER PACIFIC NORTHWEST DONORS
SEATTLE LATINO FILM FESTIVAL305 HARRISON ST SEATTLE, WA 981094623	91-1489660	509(A)(1) OR (A)(2)	10,000		N/A	N/A	TO SUPPORT THE SCREENING AND RELATED EDUCATIONAL EVENTS IN THE
CEATTLE UNIVERSITY DO	01.0565006	500/AV(1) O.B. (AV(2))	15.000		N/A	21/2	GREATER SEATTLE AREA, FOR FILMS ABOUT EL SALVADOR AND GUATEMALA SEATTLE
SEATTLE UNIVERSITYPO BOX 222000 SEATTLE, WA 981221090	91-0565006	509(A)(1) OR (A)(2)	15,000		in/A	N/A	UNIVERSITY'S POVERTY EDUCATION CENTER TO ADVANCE SIF'S KNOWLEDGE OF
							WOMEN'S LEADERSHIP THEORY BY CONDUCTING FIELD RESEARCH IN CENTRAL AMERICA
							THE PROJECT WILL EXAMINE THE IMPACT OF INVESTING IN WOMEN LEADERS IN
THE SEATTLE FOUNDATION1200 5TH	91-6013536	509(A)(1)	15,000		N/A	N/A	ORDER TO STRENGTHEN CIVIL SOCIETY TO SUPPORT THE GLOBAL GIVING
AVE STE 1300 SEATTLE, WA 981013151							INITIATIVE, A PROJECT TO EXPLORE AND DEVELOP RESOURCES TO
							ASSIST COMMUNITY FOUNDATIONS WITH INTERNATIONAL GIVING TO SUPPORT GIVE2CUBA TO PROVIDE SEED
THE SEATTLE	91-6013536	509(A)(1)	50,000		N/A	N/A	CAPITAL FOR MICROENTERPRISES RUN BY WOMEN IN CUBA TO SUPPORT THE
FOUNDATION1200 5TH AVE STE 1300 SEATTLE, WA 981013151 WASHINGTON OFFICE ON	52-1249353	509(A)(1) OR (A)(2)	60,000			N/A	2012 GIVEBIG TO PROVIDE
LATIN AMERICA1666 CONNECTICUT AVE NW STE 400 WASHINGTON, DC 200091039							CONTINUED SUPPORT FOR A REGIONAL PLAN AND COORDINATION ON CITIZEN SECURITY BETWEEN
							GOVERNMENTS, DONORS AND KEY STAKEHOLDERS IN CENTRAL AMERICA, AND TO
							SPECIFICALLY SUPPORT CIVIL SOCIETY GROUPS AND THEIR ROLE IN THIS PROCESS
WASHINGTON OFFICE ON LATIN AMERICA 1666 CONNECTICUT AVE NW STE 400 WASHINGTON, DC	52-1249353	509(A)(1) OR (A)(2)	11,000		N/A	N/A	TO SUPPORT PARTICIPATION IN THE CENTRAL AMERICA DONORS FORUM ON JUNE 18-
WATER 1ST INTERNATIONAL1904 3RD AVE STE 1012 SEATTLE, WA 981011123	20-2601035	509(A)(1) OR (A)(2)	75,000		N/A	N/A	TO PROVIDE GENERAL OPERATING SUPPORT TO FUND THE
							IMPLEMENTATION OF SUSTAINABLE, COMMUNITY- MANAGED WATER SUPPLY AND SANITATION
WORLD AFFAIRS COUNCIL 2200 ALASKAN WAY STE	91-0586924	509(A)(1) OR (A)(2)	20,000		N/A	N/A	PROJECTS AROUND THE WORLD FOR GENERAL OPERATING
WORLD AFFAIRS COUNCIL 2200 ALASKAN WAY STE 450	91-0586924	509(A)(1) OR (A)(2)	15,000		N/A	N/A	TO SUPPORT THE CENTRAL AMERICA DONORS
SEATTLE,WA 981213600							CONFERENCE AND PUBLIC EVENT TO BE HELD AT MICROSOFT ON JUNE 19, 2012 TO SPONSOR THE
WORLD PULSE VOICES909	41-2065177	509(A)(1) OR (A)(2)	15,000		N/A	N/A	2012 PACIFIC NORTHWEST GLOBAL DONOR'S CONFERENCE TO SUPPORT THE
NW 19TH AVE STE C PORTLAND, OR 972091468							EXPANSION OF THEIR ONLINE, GLOBAL MEDIA NETWORK FOR THOUSANDS OF
							WOMEN AROUND THE WORLD FUNDS FROM SIF WILL ENABLE WOMEN TO HAVE THREE TIMES FASTER ACCESS TO THE
							NETWORK, ADDRESSING THE ISSUES OF LOW BANDWIDTH IN IMPOVERISHED
							IMPOVERISHED AREAS

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DLN: 93493317065633

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization ATTLE INTERNATIONAL FOUNDATION	Employer identificati	on nur	nber	
SEP	THE INTERNATIONAL FOUNDATION	20-8350995			
Pa	Tt I Questions Regarding Compensation	120 0330333			
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a personant part VII, Section A, line 1a Complete Part III to provide any relevant information regains				
	First-class or charter travel  Housing allowance or residence	for personal use			
	Travel for companions Payments for business use of pe	rsonal residence			
	Tax idemnification and gross-up payments  Health or social club dues or init	iation fees			
	Discretionary spending account  Personal services (e.g., maid, ch	auffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regardin reimbursement or provision of all of the expenses described above? If "No," complete Part II		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director Check all that apply Do not check any boxes for met used by a related organization to establish compensation of the CEO/Executive Director, but	hods			
	Compensation committee Written employment contract				
	☐ Independent compensation consultant ☐ Compensation survey or study				
	Form 990 of other organizations  Approval by the board or competents	nsation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to a related organization	to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each ite	m ın Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrucompensation contingent on the revenues of	ie any			
а	The organization?		5a		No
b	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrucompensation contingent on the net earnings of	ie any			
а	The organization?		6a		No
ь	Any related organization?		6b		No
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any	non-fixed			
-	payments not described in lines 5 and 6? If "Yes," describe in Part III		7		No

ın Part III

section 53 4958-6(c)?

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	( <b>F</b> ) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
	(i) (ii)	0 202,606	0	0 28,800	0 14,400	0 8,232	0 254,038	0
(2)MAURICIO VIVERO EXECUTIVE DIRECTOR	(i) (ii)	162,727 0	0	20,300	12,308	17,295 0	212,630 0	0

Schedule J (Form 990) 2012

### Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
	,	COMPENSATION IS DETERMINED BY THE INDEPENDENT BOARD MEMBERS THEY COMPILED SALARY INFORMATION FOR THE EXECUTIVE DIRECTOR IN A SIMILAR POSITION AND DETERMINED THE AVERAGE SALARY THE BOARD OF DIRECTORS FOR SEATTLE INTERNATIONAL FOUNDATION APPROVED THE SALARY THE OTHER OFFICERS OF THE BOARD ARE UNCOMPENSATED BY SEATTLE INTERNATIONAL FOUNDATION

Schedule J (Form 990) 2012

OMB No 1545-0047

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Name of the organization SEATTLE INTERNATIONAL FOUNDATION

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

**Employer identification number** 

20-8350995

		[20-8350995
ldentifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6	THERE ARE FOUR VOLUNTEER BOARD MEMBERS THAT SERVED DURING THE YEAR BOARD MEMBERS ASSIST WITH THE OPERATIONS OF THE ORGANIZATION AND GRANT OVERSIGHT
	FORM 990, PART VI, SECTION A, LINE 2	WILLIAM CLAPP AND PAULA CLAPP HAVE A FAMILY RELATIONSHIP
	FORM 990, PART VI, SECTION A, LINE 6	THERE ARE TWO CLASSES OF MEMBERS IN THE BY LAWS FOR THE ORGANIZATION THE FIRST CLASS IS DESIGNATED TO THE FOUNDATION MEMBER AND THE SECOND CLASS IS DESIGNATED TO THE DONOR MEMBER THE FOUNDATION MEMBER HAS THE EXCLUSIVE AUTHORITY TO ELECT THE FOUNDATION DIRECTOR CLASS OF THE BOARD OF DIRECTORS AND IS ENTITLED TO THREE VOTES IN ALL VOTING MATTERS THE DONOR MEMBER HAS THE EXCLUSIVE AUTHORITY TO ELECT THE DONOR CLASS OF THE BOARD OF DIRECTORS AND IS ENTITLED TO TWO VOTES IN ALL VOTING MATTERS
	FORM 990, PART VI, SECTION A, LINE 7A	THE FOUNDATION MEMBER IS ABLE TO ELECT THE FOUNDATION CLASS OF THE BOARD AND THE DONOR MEMBER IS ABLE TO ELECT THE DONOR CLASS OF THE BOARD
	FORM 990, PART VI, SECTION A, LINE 7B	THE DECISIONS OF THE ORGANIZATION ARE SUBJECT TO THE APPROVAL OF THE SEATTLE FOUNDATION
	FORM 990, PART VI, SECTION B, LINE 11	THE ENTIRE BOARD IS PROVIDED A COPY OF THE RETURN PRIOR TO FILING SUFFICIENT TIME IS ALLOWED FOR REVIEW AND QUESTIONS BEFORE THE RETURN IS FILED THE FOUNDATION MEMBER IS DESIGNATED TO REVIEW AND SIGN THE RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICIES ARE SIGNED YEARLY BY ALL BOARD MEMBERS AND TRUSTEES SEE PROCEDURES FOR COMPLIANCE BELOW A THE SUPPORTING ORGANIZATION MAINTAINS A LIST OF ALL PERSONS AND ENTITIES WHO ARE SUBSTANTIAL CONTRIBUTORS OR DISQUALIFIED PERSONS WITH RESPECT TO THE SUPPORTING ORGANIZATION THE SECRETARY OF THE SUPPORTING ORGANIZATION IS RESPONSIBLE FOR REVIEWING THESE LISTS FOR ACCURACY ON AN ANNUAL BASIS, UPDATING THE LISTS AS NEEDED, AND PROVIDING THE SEATTLE FOUNDATION WITH THESE LISTS AND ALL UPDATES B THE SUPPORTING ORGANIZATION ENSURES THAT PRIOR TO DISTRIBUTION OF ANY FUNDS, AN AGENT OF THE SUPPORTING ORGANIZATION CONFIRMS THAT THE DISTRIBUTION DOES NOT RESULT IN A PROHIBITED DISTRIBUTION UNDER THE CONFLICT OF INTEREST POLICY C ANY PAYMENT BY THE SUPPORTING ORGANIZATION TO A SUBSTANTIAL CONTRIBUTOR, RELATED PERSONS OR ENTITIES THAT IS NOT PROHIBITED BY THE CONFLICT OF INTEREST POLICY MUST BE APPROVED BY THE SEATTLE FOUNDATIONS DIRECTOR OF PHILANTHROPIC SERVICES, OR HIS OR HER DESIGNEE. D THE SUPPORTING ORGANIZATION REQUIRES THAT PRIOR TO MAKING ANY PAYMENT OR PROVIDING ANY NON-INCIDENTAL BENEFIT TO A DISQUALIFIED PERSON OTHER THAN A SUBSTANTIAL CONTRIBUTOR OR RELATED PERSON OR ENTITY, SUCH PAYMENT OR BENEFIT MUST BE APPROVED BY THE SUPPORTING ORGANIZATION BOARD OF TRUSTEES AS IF SUCH DISQUALIFIED PERSON WERE A "COVERED PERSON" IN ACCORDANCE WITH THE SUPPORTING ORGANIZATION'S CONFLICT OF INTEREST POLICY
	FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION IS DETERMINED BY THE INDEPENDENT BOARD MEMBERS THEY COMPILED SALARY INFORMATION FOR THE EXECUTIVE DIRECTOR IN A SIMILAR POSITION AND DETERMINED THE AVERAGE SALARY THE BOARD OF DIRECTORS FOR SEATTLE INTERNATIONAL FOUNDATION APPROVED THE SALARY THE OTHER OFFICERS OF THE BOARD ARE UNCOMPENSATED BY SEATTLE INTERNATIONAL FOUNDATION
	FORM 990, PART VI, SECTION C, LINE 19	THE SEATTLE FOUNDATION, THE SUPPORTED ORGANIZATION, MAINTAINS COPIES OF THESE DOCUMENTS AND MAKES THEM AVAILABLE FOR INSPECTION DURING REGULAR BUSINESS HOURS AT THE SEATTLE FOUNDATION'S PRINCIPAL OFFICE. THE SEATTLE FOUNDATION ALSO COMPLIES WITH ALL REQUESTS (WRITTEN OR VERBAL) FOR COPIES OF THESE DOCUMENTS
	FORM 990, PART VIII, LINE 7 NET GAIN OR (LOSS)	THE NET GAINS REPRESENTS GAINS ON SALES OF SECURITIES ALL SECURITIES ARE HELD IN TRUSTS AND THE LARGE NUMBER OF TRANSACTIONS PREVENTS THE TAXPAYER FROM DETAILING THE SELLING PRICE AND COST OF EACH INDIVIDUAL SALE. THEREFORE, THE NET GAINS HAVE BEEN REPORTED ON FORM 990, PART VIII, LINE 7 WITH NO COST BASIS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	RETURNED GRANTS 150,000

SCHEDULE R Related Ord

**Related Organizations and Unrelated Partnerships** 

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

► Attach to Form 990. ► See separate instructions.

2012

**Employer identification number** 

20-8350995

DLN: 93493317065633

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SEATTLE INTERNATIONAL FOUNDATION

(Form 990)

Part I Identification of Disregarded Entities (Complete)	_	(a)		•	1	(6)		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	D	<b>(f)</b> irect controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ations (Complete if e tax year.)		inswered "Yes'		Part IV,	line 34 because it		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	cion Public charity (if section 501	status .(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co en	ontrolle tity?
See Additional Data Table							Yes	No

<b>(a)</b> Name, address, and EIN	(b)	(c)	(d)	(e)	(f)	(g)	(h	1) http://	(i)		i)	(k)	
Name, address, and EIN related organization	or	Primary activit	domicile domicile (state or foreign country)	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-yea assets	Disprop alloca		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	aging ner?	Percentag ownersh
					,			Yes	No		Yes	No	
								<u> </u>					
								<u> </u>					
V Identification of Related O line 34 because it had one or								ıswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)		total Share e of	(g) e of end- -year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
ional Data Table											Yes		No
iliai Data Table													
									1				H

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this s	schedule					Yes	No
f 1 During the tax year, did the organization engage in any of the following trans	sactions with one or more rela	ted organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a conti	rolled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)					1b	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s)					<b>1</b> c	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s)					1d		No
e Loans or loan guarantees by related organization(s)					1e		No
f Dividends from related organization(s)					1f		No
					1g		No
g Sale of assets to related organization(s)					1h		No
h Purchase of assets from related organization(s)					1i		No
i Exchange of assets with related organization(s)					1j		No
j Lease of facilities, equipment, or other assets to related organization(s)					1.)		
k Lease of facilities, equipment, or other assets from related organization(s	s)				1k		No
l Performance of services or membership or fundraising solicitations for rel	•				11		No
m Performance of services or membership or fundraising solicitations by rela					1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related					1n		No
• Sharing of paid employees with related organization(s)					10		No
o channing of pane on provided man relation of game and on (o)					H		
<b>p</b> Reimbursement paid to related organization(s) for expenses					1p	Yes	
Reimbursement paid by related organization(s) for expenses					1q		No
4					H		
r Other transfer of cash or property to related organization(s)					1r		No
s Other transfer of cash or property from related organization(s)					<b>1</b> s		No
2 If the answer to any of the above is "Yes," see the instructions for information	ation on who must complete th	nis line, including co	vered relationships	and transaction thresholds			
(a) Name of other organization		<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amo	ount ir	nvolved	

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Software ID: Software Version:

**EIN:** 20-8350995

Name: SEATTLE INTERNATIONAL FOUNDATION

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Section 51.  Direct Controlling Controlled Conganizatio	
THE SEATTLE FOUNDATION  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101	SERVES CHARITABLE ORGANIZATIONS IN THE GREATER SEATTLE AREA	WA	501(C)(3)	7	N/A	N
91-6013536						$\perp$
THE BROTMAN FOUNDATION  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 91-1996498	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	11A-TYPE II	THE SEATTLE FOUNDATION	N
THE DABNEY POINT FUND  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 94-3209929	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	11A-TYPE II	THE SEATTLE FOUNDATION	N
THE LUINO AND MARGARET DELL'OSSO FAMILY FUND  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 91-1873773	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	11A-TYPE I	THE SEATTLE FOUNDATION	N
DILLON FAMILY FOUNDATION  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 91-2079177	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	11A-TYPE I	THE SEATTLE FOUNDATION	N
GLENHOME TRUST  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 91-6053623	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	11A-TYPE I	THE SEATTLE FOUNDATION	N
THE GEORGE P HARDGROVE FOUNDATION  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 91-6061389	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	11A-TYPE I	THE SEATTLE FOUNDATION	No
MCKIBBENMERNER FAMILY FOUNDATION  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 13-4290879	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	11A-TYPE I	THE SEATTLE FOUNDATION	N
ROBERTS-BECKER FAMILY FOUNDATION  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 91-2173912	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	11A-TYPE I	THE SEATTLE FOUNDATION	No
TSF PROPERTIES  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 91-2016094	RECEIVE, HOLD, & DISPOSE OF PROPERTY DONATIONS FOR THE SEATTLE FOUNDATION	WA	501(C)(3)	11A-TYPE I	THE SEATTLE FOUNDATION	N
TSF SERVICES  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 91-2008707	SUPPORT GRANTMAKING AND ADMINISTRATIVE ACTIVITIES OF THE SEATTLE FOUNDATION	WA	501(C)(3)	11A-TYPE I	THE SEATTLE FOUNDATION	N
WALKER FAMILY FOUNDATION  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 13-4290882	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	11A-TYPE I	THE SEATTLE FOUNDATION	No
THE WHITEHORSE FOUNDATION  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 94-3101726	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	11A-TYPE I	THE SEATTLE FOUNDATION	No
YOUTH OUTDOOR LEGACY FUND  1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101 01-0833226	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	11A-TYPE I	THE SEATTLE FOUNDATION	N

Form 990, Schedule R, Part IV - Ide						ı	ı		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Secti 512(b) contro entit	on (13) lled y?
SRF CHARITABLE TRUST	MANAGE INVESTMENTS		N/A	T				Yes	No No
800 FIFTH AVE SEATTLE, WA 981043176 91-6059260		WA							
REF TRUST FBO THE SEATTLE FOUNDATION	MANAGE INVESTMENTS		N/A	Т					No
1301 FIFTH AVE FLR 24		WA							
SEATTLE, WA 98101 91-6027079									
MEF TRUST FBO THE SEATTLE FOUNDATION	MANAGE INVESTMENTS		N/A	Т					No
1301 FIFTH AVE FLR 24		WA							
SEATTLE, WA 98101 91-6027080									
DMH CHARITABLE TRUST FBO SEATTLE FOUNDATION	MANAGE INVESTMENTS		N/A	Т					No
999 THIRD AVE STE 4000 SEATTLE, WA 98104		WA							
91-6023538 HP CHARITABLE	MANAGE INVESTMENTS		N/A	T				+	No
TRUST FBO THE SEATTLE FOUNDATION									
999 THIRD AVE STE 4000		WA							
SEATTLE, WA 98104 91-6023566									
RDS TRUST FBO SEATTLE FOUNDATION	MANAGE INVESTMENTS		N/A	T					No
800 FIFTH AVE SEATTLE, WA 981043176		WA							
91-6300139 AWW TRUST FBO	MANAGE INVESTMENTS		N/A	T				_	No
SEATTLE FOUNDATION				ľ					
800 FIFTH AVE SEATTLE, WA 981043176 91-1034032		WA							
CHARITABLE	MANAGE INVESTMENTS		N/A	Т					No
REMAINDER TRUSTS (18)		WA							
1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101		VVA							
CHARITABLE LEAD TRUSTS (2)	MANAGE INVESTMENTS		N/A	Т					No
1200 FIFTH AVENUE SUITE 1300 SEATTLE, WA 98101		WA							
SEATTLE, WA SOIUI	ı		I	1	I	I	I	I	1