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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2013

Open to Public Inspection

A							
- B		ss change	C Name of organization	D	Employer id	lentification number	
F	=	change	Friends of Seattle Waterfront		80-08	67356	
2	Initial I	•	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E	Felephone n	umber	
<u> </u>	Termir		1191 Second Ave 2100		(206)	382-5552	
	Amen	ded return	City or town, state or province, country, and ZIP or foreign postal code	E (Group Ex		
2	Applic	ation pending	Seattle WA 98101			►	
G	Acco	ounting Met		•	if the	organization is not	
- 1	Web	site: 🟲 w	ww.friendsofwaterfrontseattle.org/ require	ed to	attach S	chedule B	
j	Tax-e	exempt status	(check only one) — X 501(c)(3)	990	, 990-EZ,	or 990-PF).	
K	Form	n of organiz	ation: X Corporation Trust Association Other				
L			, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		►\$	166,957.	
Б	art i		Le, Expenses, and Changes in Net Assets or Fund Balances (see the inst				
<u> </u>	ait i	Check if t	the organization used Schedule O to respond to any question in this Part I			· X	
_	1		ons, gifts, grants, and similar amounts received			11,670.	
	2		service revenue including government fees and contracts			11,070.	
	3		hip dues and assessments				
	4		nt income		4	•	
	5.		ount from sale of assets other than inventory	•	1 -		
			t or other basis and sales expenses		1 1		
	1		·		5 c		
	6°		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	• •	1 34	-	
R	I -	_	ome from gaming (attach Schedule G if greater than \$15,000) 6 a		1 1		
E	:				-		
R E V E N U	"		ome from fundraising events (not including \$ of contributions raising events reported on line 1) (attach Schedule G if the sum				
ÿ			oss income and contributions exceeds \$15,000) 6 b				
_	0	_	ct expenses from gaming and fundraising events 6 c	7] [-	
	6	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and btract line 6c)		. 6d		
*I07			es of inventory, less returns and allowances	٠.	1 84		
					-		
-	1				. 7c		
	1 .		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		1 1		
<u>s</u> _	8		enue (describe in Schedule O)			155,287.	
=_	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>. '</u>	9	166,957.	
CESET ENERGY	10	Grants an	d similar amounts paid (list in Scheduje இ CETV ட்ட ம	• •	10	 	
岁.	11	Benefits p	ald to or for members ;	• •	11		
Z	12	Salanes, o	other compensation, and employee benefits	• •	12	125,367.	
≪ E			tal loss and out of paymons to hard some some some some some some some some	• •	13	3,578.	
SS	14	Occupand	ey, rent, utilities, and maintenance.	• •	14	3,485.	
S	15	Printing, p	evy, rent, utilities, and maintenance		. 15		
	16				-	12,013.	
_	17		enses. Add lines 10 through 16	. '	17	144,464.	
A	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	• •	18	22,493.	
S Ns	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year				
AS NS EE TT			orted on prior year's return)	• •	19	0.	
Ś	20		nges in net assets or fund balances (explain in Schedule O)		20		
_	21		s or fund balances at end of year. Combine lines 18 through 20	. '	21	22,493.	
B/	AA Fo	r Paperwo	rk Reduction Act Notice, see the separate Instructions.			Form 990-EZ (2013)	

5

Form	990-EZ (2013) Friends of Seat	tle Waterfront			30-08	67356 - Page 2
	t II Balance Sheets (see the inst	ructions for Part II)	_			, [
	Check if the organization used Sched	lule O to respond to any questi	on in this Part II			
20	Cash, savings, and investments		-	(A) Beginning of y	·	(B) End of year
22 23	Land and buildings			_	0. 22	
24	Other assets (describe in Schedule O)				0. 24	
25	Total assets				0. 25	
26	Total liabilities (describe in Schedule O)		L		0. 26	
27	,				0. 27	
Pai	t III Statement of Program Service A	ccomplishments (see the ins	structions for Part III)			Expenses
	Check if the organization used Sch	edule O to respond to any que	stion in this Part III	<u> </u>		uired for section 501
What	is the organization's primary exempt purpose? Se	e Organization's Primary Exem	pt Purpose		orga	i) and 501(c)(4) nizations and section
Desc mea:	ribe the organization's program service acc sured by expenses. In a clear and concise r fitted, and other relevant information for eac	complishments for each of its tr manner, describe the services i	ree largest program s provided, the number (ervices, as of persons	4947	7(a)(1) trusts; optional thers.)
						riers.)
28	Initial research, planning				-4	
	activities in the redevel	<u>lopment of the Seat</u>	<u>:tle</u>			
	Central Waterfront. (Grants \$ 0.) if the	is amount includes foreign area	ote check here	<u>-</u> -	_ 28 a	102 070
29	(Grants \$ 0.) if the	is amount includes loreign gran	its, Check here		- 202	103,972.
					-1	
					-1	
	(Grants \$) If th	is amount includes foreign gran	nts, check here	7777777	─ 29 a	,
30				•	_]	
					_]	
					_	
		is amount includes foreign gra			30 a	
31	- 3 · · · · · · · · · · · · · · · ·				۔ یہ ات	
22	(Grants \$) If th Total program service expenses (add lin	is amount includes foreign gran			31 a ► 32	
	t IV List of Officers, Directors,	<u> </u>				103, 972.
<u>rai</u>	LIST OF OTHERS, DIRECTORS,	Trustees, and Ney Emp	Dioyees (list each one o			
	Check if the organization used Sch	edule O to respond to any que	stion in this Part IV.			<u>L</u>
	Check if the organization used Sch	edule O to respond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	on (d) Health bene contributions to em benefit plans, and d	efits, ployee leferred	(e) Estimated amount of other compensation
Car	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health bene	efits, ployee leferred	(e) Estimated amount of
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and o compensation	efits, ployee leferred an	(e) Estimated amount of other compensation
Dir	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	on (d) Health bene contributions to em benefit plans, and d	efits, ployee leferred	(e) Estimated amount of
Dir Ton	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1089-MISC) (If not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and o compensation	efits, ployee leferred an	(e) Estimated amount of other compensation
Dir Ton Dir	(a) Name and Title rol_Binder rector n_Byers	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1089-MISC) (If not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and d compensation	efits, uployee deferred on	(e) Estimated amount of other compensation
Dir Tom Dir Liz Dir	(a) Name and Title col_Binder cector a Byers cector b Dunn cector	(b) Average hours per week devoted to position	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and d compensation	efits, uployee deferred on	(e) Estimated amount of other compensation
Dir Ton Dir Liz Dir Ger	(a) Name and Title Tol_Binder Tector Byers Tector Dunn Tector Duvernoy	(b) Average hours per week devoted to position 1.00 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	effits, uployee deferred an	(e) Estimated amount of other compensation 0.
Dir Ton Dir Liz Dir Gen	(a) Name and Title col_Binder cector Dector Dunn cector Duvernoy cector	(b) Average hours per week devoted to position 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to embenefit plans, and compensation	efits, ployee deferred on 0.	(e) Estimated amount of other compensation 0.
Dir Tom Dir Liz Dir Gen Dir	(a) Name and Title Tol_Binder Tector Dector Dunn Tector Duvernoy Tector The Duvernoy Tector The Finkle	(b) Average hours per week devoted to position 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	efits, ployee leferred on O .	(e) Estimated amount of other compensation O. O.
Dir Ton Dir Liz Dir Ger Dir Joh	(a) Name and Title Tol_Binder Tector	(b) Average hours per week devoted to position 1.00 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	effits, uployee deferred an	(e) Estimated amount of other compensation 0.
Dir Ton Dir Liz Dir Gen Dir Dir Pat	(a) Name and Title Tol_Binder Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	efits, ployee leferred on O . O . O .	(e) Estimated amount of other compensation 0. 0. 0.
Dir Tom Dir Liz Dir Ger Dir Dir Pat	(a) Name and Title Tol_Binder Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	efits, ployee leferred on O .	(e) Estimated amount of other compensation O. O.
Dir Ton Dir Liz Dir Ger Dir Joh Dir Pat Dir	(a) Name and Title Tol_Binder Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1099-MISC)* (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	efits, ployee leferred on O . O . O .	(e) Estimated amount of other compensation 0. 0. 0.
Dir Ton Dir Liz Dir Gen Dir Joh Dir Pat Dir Set	(a) Name and Title Tol_Binder Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1099-MISC)* (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	offits, ployee leferred on O . O . O . O .	(e) Estimated amount of other compensation O. O. O. O.
Dir Tom Dir Liz Dir Gen Dir Joh Dir Pat Dir Set Dir Les	(a) Name and Title Tol_Binder Tector The Byers Tector The Dunn Tector The Duvernoy Tector The Divernoy Tector The Cordon Tector The Gordon Tector The Grizzle Tector The Hanauer Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1098-MISC)* (If not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	offits, ployee leferred on O . O . O . O .	(e) Estimated amount of other compensation O. O. O. O.
Dir Tom Dir Liz Dir Ger Dir Joh Dir Pat Dir Set Les Dir A. F	(a) Name and Title Tol_Binder Tector In Byers Tector In Dunn Tector In Duvernoy Tector In Finkle Tector Trick Gordon Tector In Grizzle Tector The Hanauer Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1098-MISC) (If not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	O. O. O.	(e) Estimated amount of other compensation O. O. O. O. O. O. O.
Dir Ton Dir Liz Dir Ger Dir Joh Dir Pat Dir Set Dir Les Dir A. F	(a) Name and Title Tol_Binder Tector In Byers Tector In Dunn Tector In Duvernoy Tector In Finkle Tector Trick Gordon Tector In Grizzle Tector The Hanauer Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1098-MISC) (If not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	O. O. O.	(e) Estimated amount of other compensation O. O. O. O. O.
Dir Tom Dir Liz Dir Ger Joh Dir Pat Dir Les Dir A. F	(a) Name and Title Tol_Binder Tector Dector Dunn Tector Duvernoy Tector Din Finkle Tector Tick Gordon Tector The Grizzle Tector The Hanauer Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1098-MISC) (If not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	O. O. O. O.	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O. O.
Dir Ton Dir Liz Dir Gen Dir Joh Joh Joh Joh Joh Joh Joh Joh Joh Joh	(a) Name and Title Tol_Binder Tector Dector Dunn Tector Duvernoy Tector Dirick Gordon Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1098-MISC) (If not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	O. O. O.	(e) Estimated amount of other compensation O. O. O. O. O. O. O.
Dir Ton Dir Lizz Dir Ger Dir Joh Dir Set Dir Set Dir Ser Dir Ger	(a) Name and Title Tol_Binder Tector Dector Dunn Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	©:fits, ployee leferred on O . O . O . O . O . O . O .	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O. O. O
Dir Ton Dir Liz Ger Dir Joh Dir Pat Dir Set Dir San Dir Sec Sec Sec	(a) Name and Title Tol_Binder Tector The Byers Tector The Duvernoy Tector The Duvernoy Tector The Finkle Tector The Gordon Tector The Grizzle Tector The Hanauer Tector The Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	O. O. O. O.	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O. O.
Dir Tom Dir Cer Dir Joh Dir Pat Dir Set Dir Ser Ger Ger Mar	(a) Name and Title Tol_Binder Tector The Byers Tector The Dunn Tector The Duvernoy Tector The Duvernoy Tector The Cordon Tector The Gordon Tector The Hanauer Tector The Hanauer Tector The Hanauer Tector The Jackson-Dumont Tector The Johnson Tector The Kongsgaard The Kongsgaard	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	O. O. O. O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
Dir Ton Dir Liz Ger Dir Joh Dir Pat Dir Set Dir Ser Ger Sec Mar Dir	(a) Name and Title Tol_Binder Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	©:fits, ployee leferred on O . O . O . O . O . O . O .	(e) Estimated amount of other compensation O. O. O. O. O. O. O. O. O. O
Dir Ton Dir Cer Dir Joh Dir Pat Dir Set Dir San Dir San Dir San Dir San Dir San Dir	(a) Name and Title Tol_Binder Tector The Byers Tector The Dunn Tector The Duvernoy Tector The Duvernoy Tector The Cordon Tector The Gordon Tector The Hanauer Tector The Hanauer Tector The Hanauer Tector The Jackson-Dumont Tector The Johnson Tector The Kongsgaard The Kongsgaard	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	O. O. O. O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
Dir Ton Dir Cer Dir Joh Dir Pat Dir Set Dir Set Dir Sec Mar Dir Dir	(a) Name and Title Tol_Binder Tector	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(c) Reportable compensatic (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Health bene contributions to err benefit plans, and compensation	Pritts, ployee leferred on O. O. O. O. O. O. O. O.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

Pa	TtV Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🔲
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
0.4	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35	2 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
•	was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c	-	х
36	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions • 37 a 0.		`	
	b Did the organization file Form 1120-POL for this year?	37 b		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		×
	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved	- 1		
39	Section 501(c)(7) organizations. Enter:		*`	
	a Initiation fees and capital contributions included on line 9]		`
1	Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	4	7.3	٠.
	section 4911 ; section 4912 ; section 4955 ; sectio			
١	o Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	l		
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	s Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•	',9	,
•	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			•
•	all organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	-	X
41	List the states with which a copy of this return is filed			
				•
42	a The organization's books are in care of Philip Lloyd Telephone no. (206)	382-	-555	2
	Located at 603 Stewart Street Ste 819 Seattle WA ZIP+4 98101			=
ı			Yes	No
	o 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)?	42b		X
	If 'Yes,' enter the name of the foreign country:			
	Out the State of t			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
`	If 'Yes.' enter the name of the foreign country:			
	•			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'		
	and enter the amount of tax-exempt interest received or accrued during the tax year 43		Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44 8		X
1	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44 b		
	instead of Form 990-EZ	44 B		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
	If 'No,' provide an explanation in Schedule O	44 d		
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		
I	b 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,'	45 b		×

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

Open to Public Department of the Treasury Internal Revenue Service Inspections... at www.irs.gov/form990. Name of the organization Employer Identification number

	nds of Seattle								367356		
Part		blic Charity Status					art.) S	ee inst	ruction	s.	
ì	<u> </u>	te foundation because it	•	•	•	•			-		
1	· ·	n of churches or associa			ction 17	0(b)(1)(A	۸)(i).				
2	- <u> </u>										
3	The state of the s										
4		organization operated in	conjunction with a hosp	ital desc	ribed in	section	170(b)(ʻ	1)(A)(iii).	Enter th	ne hospital's	
5	name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section										
6	170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described										
8)(A)(vI). (Complete Part lescribed in section 170		Part II.)							
9	An organization that from activities relate investment income	t normally receives: (1) not to its exempt functions and unrelated business to section 509(a)(2). (Con	nore than 33-1/3% of its — subject to certain ex- axable income (less sec	support i	, and (2)	no more	than 33	3-1/3% of	f its supp	ort from gros	SS
10		anized and operated exc		safety.	See sec	tion 509	(a)(4).				
11											
	a Type I b Type II c Type III — Functionally integrated d Type III — Non-functionally integrated										
e	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).										
f	If the organization re	ecerved a written determ		t is a Typ	e I, Typ	ell or Ty	pe III su	pporting	organiza	ation,	🛚
g	Since August 17, 20	006, has the organization	accepted any gift or co	ntributio	n from a	ny of the	followin	ng persor	ıs?		
_						-		•			Yes No
	(i) A person who below, the government	directly or indirectly con verning body of the supp	trols, either alone or tog orted organization?	ether wit	h person	s descrit	oed in (ii	i) and (iii) 	. 11 g (i)	
	(ii) A family memi	ber of a person describe	d in (i) above?							. 11 g (II)	
	(liii) A 35% control	lled entity of a person de	scribed in (i) or (ii) abov	e?						· 11 g (ili)	
h	* -	g information about the s								1.8(/	
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) i: organiz column (i your go docui	ation in) listed in	(v) Did you the organi: column (l) supp	zation in of your	(vi) is organiza colum organizad U.S	ation in in (i) d in the	(vii) Amount o	
				Yes	No	Yes	No	Yes	No		-
(A)				ļ		 					
/D\			i								
<u>(B)</u>		- 	<u> </u>	1	<u> </u>	1		-			
(C)											
(D)									_		
(E)		,									
Total		- 10	5 K								

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

Schedule A (Form 990 or 990-EZ) 2013

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	1					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')				0.	11,670.	11,670.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				·		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				0.	11,670.	11,670.
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				The second second	500 - 100 -	
	shown on line 11, column (f)		1	. X	" i ×c +_		9,767.
6	Public support. Subtract line 5 from line 4				AL COMPANY	4	1,903.
Sec	tion B. Total Support	-					
Cale	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				0.	11,670.	11,670.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly 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 10						11,670.
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	0.
13	First five years. If the Form 990 is organization, check this box and s						▶ X
	tion C. Computation of Pu						
	Public support percentage for 2013						%
15	Public support percentage from 20)12 Schedule A, Pa	art II, line 14			15	<u>%</u>
16 a	33-1/3% support test — 2013. If and stop here. The organization of						
b	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	17 a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organize	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instructions	s ▶ [_]

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	Total. Add lines 1 through 5						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	errer a		#1. T		•	
Sec	tion B. Total Support				<u></u>		
Calen	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						Τ
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,					
L	income (less section 511 taxes) from businesses acquired after June 30, 1975			·			
C	Add lines 10a and 10b	•					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12.)						
	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	third, fourth, or fifth	tax year as a sect	tion 501(c)(3)	▶ □
Sec	tion C. Computation of Pu			-			
15	Public support percentage for 201	3 (line 8, column (f) divided by line 13	3, column (f))		15	
16	Public support percentage from 20	012 Schedule A, Pa	art III, line 15	<u>.</u>	<u></u>	16	ક
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	B			
17	Investment income percentage for))	17	- %
18	Investment income percentage fro	•	• • • • •				ક
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check to	his box and stop h	ere. The organizat	tion qualifies as a p	oublicly supported	organization	•
b	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,						
20	Private foundation. If the organiz						

	(Form 990 or 990-EZ) 2013 F	<u>'riends of Seattle</u>	Waterfront	80-0867356	6 1	Page 4
Part IV	Supplemental Information or 17b; and Part III, line 12 (See instructions).	n. Provide the explanation. Also complete this part	ons required by Part II, line 10; for any additional information.	Part II, line 17a		,
				· 		
· 						
	<u>.</u>					
						<u>-</u> – – -
						
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2013

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	arne of organization					
Fri	iends of Seattle Wa	terfront		80-08 <u>6735</u>	6	
Pa	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.	
1	Provide a description of the or	ganization's direct and indirect political camp	aign activities in Part I	V		
2		- 				
3	Volunteer hours	<u></u>	<u> </u>	<u></u>		
Par	rt I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).			
1	Enter the amount of any excis	e tax incurred by the organization under secti	ion 4955	▶ \$		
2	Enter the amount of any excise	e tax incurred by organization managers und	er section 4955	▶\$		
3		section 4955 tax, did it file Form 4720 for this				
4:	a Was a correction made?	· · · · · · · · · · · · · · · · · · ·			Yes No	
ı	b If 'Yes,' describe in Part IV.					
Pai		rganization is exempt under secti				
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	vities · · · · · . ► \$		
2	Enter the amount of the filing of	organization's funds contributed to other orga	nizations for section 52	27 exempt		
3	Total exempt function expendi	itures. Add lines 1 and 2. Enter here and on F	Form 1120-POL,			
4		Form 1120-POL for this year?				
5	organization made payments.	and employer identification number (EIN) of all For each organization listed, enter the amount is received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing o	organization's funds. Also political organization, suc	enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)						
(2)						
(3)						
(4)						
(5)	•					
(6)			-	_		

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2	013Friends of	Seattle Waterfrom	ıt	80-08673	356 . Page 2
	f the organizatio	n is exempt under se		d filed Form 5768 (ele	ection under,
A Check ► if the fili	ng organization belor	igs to an affiliated group (and	list in Part IV each affi	liated group member's name	1
address	s, EIN, expenses, and	share of excess lobbying exp	oenditures).		
B Check ► if the fili	ng organization checl	ked box A and 'limited control	' provisions apply.		
(The term	Limits on Lobby n 'expenditures' me	ing Expenditures ans amounts pald or incurn	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence publ	ic opinion (grass roots lobbyi	ng)	0.	
b Total lobbying expenditu	ures to influence a leç	gislative body (direct lobbying)	0.	
c Total lobbying expenditu	ures (add lines 1a and	d 1b)		0.	
d Other exempt purpose a	expenditures			144,818.	
e Total exempt purpose e	expenditures (add line	s 1c and 1d)		144,818.	
f Lobbying nontaxable an both columns	mount. Enter the amo	unt from the following table in	· · · · · · · · · · · · · · · ·	28,964.	
If the amount on line 1e, co	olumn (a) or (b) is:	The lobbying nontaxable a	amount is:		•
Not over \$500,000		20% of the amount on line 1e.			A Section 1
Over \$500,000 but not over \$	· · · · · · · · · · · · · · · · · · ·	\$100,000 plus 15% of the excess			À
Over \$1,000,000 but not over		\$175,000 plus 10% of the excess		The state of the s	4.4 45
Over \$1,500,000 but not over	r \$17,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000		\$1,000,000.		· dant	7
-		f line 1f)		7,241.	
•	•	enter -0			
	•	nter -0		<u> </u>	
		er line 1h or line 1i, did the org			. Yes No
(Son	ne organizations the	4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction	ction do not have to		
	Lobi	oying Expenditures During	4-Year Averaging Per	lod	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount				28,964.	28,964.
b Lobbying ceiling amount (150% of line 2a, column (e)) · · · ·					43,446.
c Total lobbying expenditures				0.	0.
d Grassroots nontaxable amount				7,241.	7,241.
e Grassroots ceiling amount (150% of line 2d, column (e)) · · · ·					10,862.
f Grassroots lobbying expenditures				0.	0.
BAA				Schedule C (Form 9	90 or 990-EZ) 2013

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a			(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	_	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		_			
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?	\vdash				—
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	-		-	-	
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
I Other activities?					
J Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>		-		
b if 'Yes,' enter the amount of any tax incurred under section 4912					
c if 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	j .				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				•	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or			<u> </u>
section 501(c)(6).				Yes	Ne
1 Were substantially all (90% or more) dues received nondeductible by members?			1	-	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				$\vdash \lnot$	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				\vdash	
answered 'Yes.' 1 Dues, assessments and similar amounts from members		1 1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		·			
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• • •	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
expenditure next year?		4			
Taxable amount of lobbying and political expenditures (see instructions)		5 '			
Part IV Supplemental Information					
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-B, line 1. Also, complete this part for any additional information.	art II-A	, line 2	t; and		
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					<u>.</u> .
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Part IV	Supplemental Information (continued)			•
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Internal Revenue Service	at www.irs.gov/form990.		mapecuon
Name of the organization		Employer identificati	
Friends of Sea	ttle Waterfront	80-0867356	
	•	•	
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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 8 Other Revenue						
Other revenue (describe in Schedule O) Payroll and Program Expense Reimbursements	155,287.					
Total	155,287.					
Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990-EZ, Part I, Line 16 Other Expenses	Form 990 or 990-EZ					
· · · · · · · · · · · · · · · · · · ·	Form 990 or 990-EZ					
Form 990-EZ, Part I, Line 16 Other Expenses	Form 990 or 990-EZ					
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O)						
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O) Meetings and Events	11,301.					
Form 990-EZ, Part I, Line 16 Other Expenses Other expenses (describe in Schedule O) Meetings and Events Bank and Transaction Fees	11,301. 488.					

Organization's Primary Exempt Purpose

To support the redevelopment of the Seattle Central Waterfront in connection with the Seattle Waterfront Initiative.

Form 990-EZ, Page 2, Part IV List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compen- sation
Business Person X Tomoko Matsuno				
Title . Director	1.00	0.	0.	0.
Business Person X Ed Medeiros Title . Director	1.00	0.	0.	0.
Business Person X		<u> </u>	<u> </u>	
David Meinert Title . Director	1.00	0.	0.	0.
Business Person X Kollin Min Title . Director	1.00	0.	0.	0.
Business Person X				
Cary Moon	1.00	0.	0	0.

Form 990-EZ, Page 2, Part IV List of Officers, Directors, Trustees, & Key Employees Stmt

Continued

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Business Person X				
John Nesholm				
Title . Treasurer and Director	3.00	0.	0	0.
Business Person X			_	
Jeannie Nordstrom				
Title . Director	1.00	0.	0.	0.
Business Person X				
Stuart Rolfe				
Title . Director	1.00	0.	0.	<u>0.</u>
Business Person X				
Charles Royer				
Title . Director	1.00	0.	0.	0.
Business Person X			·	
Ryan Smith		_		
Title . Director	1.00	0.	0.	
Business Person X				
Lyn Tangen	7 00		,	0.
Title . Director	. 1.00	0.	_0.	
Business Person X				
Maggie Walker Title . President and Director	5.00	0.	0.	0.
Business Person X	3.00			
Jessie Woolley-Wilson				
Title . Director	1.00	` o.	0.	0.
Business Person X	1.00			
Heidi Hughes				
Title . Executive Director	40.00	88,426.	0.	_0