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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ā	For the	2015 cale	endar year, or tax year	beginning	July 1	, 2015, a	nd ending	Jut	ie 3u	, 20 16	
В	Check if a	applicable:	C Name of organization	LAKE WAS	SINGTON HIGH SCH	OOL BOOSTER	₹		D Emplo	yer identificatio	n number
	Address o	change	Doing business as							20-3440935	;
Ħ	Name cha		Number and street (or I	P.O. box if m	ail is not delivered to stre	et address)	Room/suite		E Telephe	one number	
$\bar{\Box}$	Initial retu	-	218 MAIN STREET =	627						206 354 601	1
$\exists$		v/terminated			ntry, and ZIP or foreign p	ostal code					·
H			KIRKLAND WA 98		,,			1	G Groce	receipts \$	267.681
님	Amended										
ш	Application	n pending	F Name and address of p	nncipai onic	er,			1		r subordinates? 🔲 ነ	
		نــــن	L	<del></del>		<del></del>	<del></del>			es included? LJ \	
<u>L</u>	Tax-exem	pt status:	<b>☑</b> 501(c)(3)	501(c) (	) ◀ (insert no.)	4947(a)(1) or	527	1 17-704	o, antach	a list. (see instru	cuons)
<u>J</u>	Website:							H(c) Group	exemption	number >	r./a
K		ganization:	Corporation Trust	Associa	ntion	L Year	r of formation	1:	M State	of legal domicil	e:
P	art I	Summ	ary								
	1 1	Briefly de	scribe the organizati	ion's miss	ion or most signific	ant activities:	· · · · ·				
9	}	•	•		_						,
Activities & Governance	· -										
Ĕ	2 0	Check thi	is box ▶☐ if the org	anization	discontinued its on	erations or dis	nosed of	more than	25% of	its net assets	 e
ð			of voting members of				<b>p</b> 000a 01		3	 	
Ō			_	-	• • •	•	 (i== 4b)		4		
9			of independent voting	-		• •	•		<u> </u>	<del> </del>	<del></del>
₽	1		nber of individuals er		-	•	•		5	ļ	
훘			nber of volunteers (e:						6	ļ	34
ĕ			elated business reve						7a		()
	b 1	let unrel	ated business taxabl	le income	from Form 990-T, I	ne 34	<u> </u>	· · · ·	7b	L	5
	1							Prior Yea	BT	Current	Year
•	8 (	Contribut	ions and grants (Par	t VIII, line	1h)				€ 120		54 702
Ž	9 F	Program:	service revenue (Par								
Revenue	1	•	nt income (Part VIII, d								
æ			enue (Part VIII, colun						154 72ε		135.45
			enue—add lines 8 thro						208,454		190 155
			nd similar amounts pa						26 074		9,184
							<del></del>		200,4		7,764
	ı	•	oaid to or for membe	•						<del></del>	
8	1		other compensation, e		·		⁻¹U)			<del></del>	
Expenses	l		nal fundraising fees		/m.)		; ·				
ğ	) b T	otal fund	draising expenses (Pa enses (Part IX, colur	art IX, coli	ımn=(D);-line-2 <del>5)      </del>		<b>↓</b>				
w	17 (	Other exp	enses (Part IX, colur	nn (A), line	es 11a-11d, 111-24	<u> </u>	i · L_		11- 490		156 35c
			enses. Add lines 13-				3 · L_		171 564		166,070
	19 F	Revenue	less expenses. Subti	ract line 1	B from line 12 //. a.			24,051			
ances							Beg	inning of Cur	rent Year	End of Y	fear
	20 T	otal asse	ets (Part X, line 16)			১৯ : জি			116 619		140,70
₹6	21 T	otal liabi	ilities (Part X, line 26)		OGDE		ᆗ . ┌─				
Net Asse Fund Bala	22 N	let asset	s or fund balances. S	Subtract li	ne 21 from line 20		[		116 619		140,76%
Pa	art II	Signat	ure Block								
Und	der penalti	<del></del>	y, I declare that I have exa	mined this n	etum, including accompa	nvina schedules :	and statemer	nts, and to the	best of n	ny knowledge ar	nd belief, it is
true	e, correct, a	and comple	ate. Declaration of prepare	r (other than	officer) is based on all in	ormation of which	n preparer ha	s any knowle	dge.	•	
			Hual	1)	010				1//	10/16	
Sig	ın İ	Signa	iture of officer	1.000				Date	<del></del>	a pres	
He		) J.g	Hard	, 0	C						
	.	Time	or print name and title		LONNOY	·					
		<del>'</del>	preparer's name	<del></del>	Preparer's signature		Date	<del></del>	ı ——	PTIN	
Pa	id	Francist	o proparor s name		rioperor a signatura		LASIG		Check [	ן זיי נ_	
Pre	eparer	<b></b>	_ <del></del>						self-emp	юува	
	e Only	Firm's na	ame ►					Firm's	s EIN ▶		
		Firm's ac						Phon	e no.		
May	the IRS	discuss	this return with the	preparer s	hown above? (see	nstructions)	<u></u>	<u> </u>	· · ·		No De
For	Paperwo	rk Reduc	tion Act Notice, see t	he separat	te instructions.		Cat. No. 1	1282Y		Form	990 (2015)

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat. No. 11282Y

Form 9	90 (2015)			Page
Part				<del></del>
	Check if Schedule O contains	a response or note to any line in this	S Part III	[
1	Briefly describe the organization's mis	ssion:		
	Support student terral and activities			
•				
		·		
2	Did the organization undertake any si	gnificant program services during the	year which were not listed on the	
			· · · · · · · · ·	✓ No
	If "Yes," describe these new services			
3	Did the organization cease conduct	-	<del>-</del>	
	services?	· · · · ·	· · · · · · · · · · · · · · · · · · ·	✓ No
	If "Yes," describe these changes on S			
4	Describe the organization's program	service accomplishments for each of	its three largest program services, as meas	ured by
			ort the amount of grants and allocations to	others
	the total expenses, and revenue, if an	y, for each program service reported.		
			<del></del>	
4a			9 184 ) (Revenue \$ 190 15 <sup>5</sup>	
			CH AS MUSIC, ERAMA PURLHASE UNIFORM	
			PLRFORMANCE AND COLCERT TRANSPOR	<i>a</i> 0-
	A MARIES COACHES LEOTHNE 35 AC	THE CURPLES, EXTRANCE FILE CA.	ARUS & RECOGNIHON, CAR TUMES	
	T' ALLGEOUPENTRANCE FLED BENE	FITTING ALL FARTIMIPANTS		
	<b>,</b>			
	,		*	
	,,			
	J			
				<del> </del>
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	.)
				********
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	,
•••	(10000)			,
			······································	
			··	
				*
				••••••
4d	Other program services (Describe in Se	chedule O.)		
		grants of \$ ) (Revenue	e\$)	
4e	Total program service expenses ▶			

Part IV	Checklis	t of Rec	uired S	chedules

			[ Tes	1 440
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	
<b>,2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	+
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		1	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	+-	1
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	↓	1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	<u> </u>	~
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		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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	9		v
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		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
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		_
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		·
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		·
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		·
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		·
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		·
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
4 a		14a		~
þ	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		·
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		1	
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15	+	<u>~</u>
7	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)	16		<u> </u>
8	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	17	,	
9	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	-	
			990	204.5
		rom	33U (	∠U151

	90 (2015)			Page
Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a		20a		4
b	in the second se	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		l	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			١.
		22		~
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		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	123		<u> </u>
270	\$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 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	
	to defease any tax-exempt bonds?	24c	i	•
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), 501(c)(4), and 501(c)(29) 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		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1 1		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	, ,	ļ	
	If "Yes," complete Schedule L, Part I	25b		_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1 1	J	
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		- 1	,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<u> </u>
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1	1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	- }	•
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<del></del> -	$\dashv$	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1	- 1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ŀ	/
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
C	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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>_</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	00	- 1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	-+	_
٠.	Part 1	31	- 1.	/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del></del>	-+	
	complete Schedule N, Part II	32	- 1.	/
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	_ [	<b>_</b>
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		<u></u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	4	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	- 1	- 1	

controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2...

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 

19? Note. All Form 990 filers are required to complete Schedule O.

36

37

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

35b

36

37

Form 9	90 (2015)  Statements Regarding Other IRS Filings and Tax Compliance	<del> </del>			Page
	Check if Schedule O contains a response or note to any line in this Part V				r
	Chook in Concedure Commented a respective of flote to any into in this fact v	<del></del>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	υ		1
、 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	त		1
C	Did the organization comply with backup withholding rules for reportable payments	to vendors and	7	1	
	reportable gaming (gambling) winnings to prize winners?		1c	1	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			Π
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	{	1
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns? .	2b	l	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	7	3a	j	~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So	chedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of	or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or	or other financial		l	1
	account)?		4a		~
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin	nancial Accounts			1
	(FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		~
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,00	00, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		~
þ	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		1 1	ĺ	
а	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		~
þ	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	or which it was	[ ]	ſ	
	required to file Form 8282?		7c		_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1 1	ď	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	•	<b>7g</b>		<u>~</u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma	aintained by the		- 1	
_	sponsoring organization have excess business holdings at any time during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		1 _ 1		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u>~</u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor advisor.	on'?	9b		_
10	Section 501(c)(7) organizations. Enter:	40-1		- 1	
a	· · · · · · · · · · · · · · · · · · ·	10a	} }	- 1	
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10Ь		- 1	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	i ia		- 1	
	1	446		- {	
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	11b	40-		
12a b	, , , , , , , , , , , , , , , , , , , ,	12b	12a	-+	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1		
13	Is the organization licensed to issue qualified health plans in more than one state?		120		
a	Note. See the instructions for additional information the organization must report on Schedule		13a	+	
h	Enter the amount of reserves the organization is required to maintain by the states in which	<b>∵</b> .			
-		13b		- 1	
c	- ·	13c		1	
_		[			

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . .

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

14a

14b

Far				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	<u>. L</u>
Sect	tion A. Governing Body and Management			<del></del> -
•			Yes	No
1a		2		1
	If there are material differences in voting rights among members of the governing body, or	Ì	į	1
	if the governing body delegated broad authority to an executive committee or similar	1	1	
	committee, explain in Schedule O.	1	1	ļ
b		4	l	l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	1
	any other officer, director, trustee, or key employee?	2	<u> </u>	~
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	1	~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
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		~
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	- <del></del> -		
_	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			<u> </u>
•	the year by the following:		- 1	
а	The governing body?	8a	-	
b	Each committee with authority to act on behalf of the governing body?	8b	-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	<del>*</del> -	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	l	,
Sooti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue			
36011	ion b. Policies (This Section B requests information about policies not required by the internal neverti	<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	7	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.	104	<u>-</u>	
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	-	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-+	<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	128	<b>,</b>	
b	· · · · · · · · · · · · · · · · · · ·		-	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		-+	
_	describe in Schedule O how this was done	12c	ł	~
13	Did the organization have a written whistleblower policy?	13	$\neg +$	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		ナ
15	Did the process for determining compensation of the following persons include a review and approval by	<del></del> +		<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- 1	
а		15a	- 1	/
b	· · · · · · · · · · · · · · · · · · ·	15b		_
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<del></del>		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	- 1	- 1	
	with a house bloom with a displace with a second	180	Ì	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	<del> </del>	<u>_</u>
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	Ì	1	
	and the state of t	181		
Secti	on C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ► 29/A			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/c	(2)-	
10	available for public inspection. Indicate how you made these available. Check all that apply.	5U I (C)	(3 <i>)</i> S (	nry)
40	Own website Another's website Upon request Other (explain in Schedule O)		_ 41 .	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est p	olicy,	and
00	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords: I	<b>&gt;</b>	
	THE RESERVENCE OF A COURT OF THE STATE OF TH			

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Form 990 (2015)

Dart VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, ar	<u> </u>
r ai t VII	Compensation of officers, Directors, Trustees, Rey Employees, Righest Compensated Employees, at	10
	Independent Contractors	

Check if Schedule O contains a response or note to any line in this Par	rt 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	zatio	on c	omp	ensa	ated any currer	nt officer, directo	or, or trustee.
		1			(C)					
(A)	(B)	(do.	ant cl		sition	n Te than	000	(D)	(E)	(F)
Name and Title	Average	box,	unle	ss pe	ersor	ı is bot	h an	Reportable	Reportable	Estimated
	hours per week (list an)		_		_	tor/trus	<del></del>	compensation	compensation from related	n emount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Ì	Former	the	organizations	compensation
	related organizations	8 5	1	🖁	9	Şã	4	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	Q 를	18		}	1 8 8	l	(40-2/1099-141190)	[	and related
	line)	1 5	Ę		8	Ę	1	ļ	}	organizations
	1	*	8	1	1	Highest compensated employee	1	1	<b>[</b>	}
	<del> </del>	<del> </del>	一	-	╁	├	┼-	<del> </del>		
(1) Shorts Exp. MS		]	[		1	}	[	}		
Tet Sichtivi		L	L	~	L	L	L	<u>_</u>		
(2) S. I. PHANIE A. NUSS	ļ	Į			1	1	l			
SECRETARY				~	L_		_	Ŭ	L.	.,
(3) HEIDI O COINDIA	1.	ł		١.	1	1				
TREASUREF	<del> </del>	<b> </b>		~	_	<b>-</b>			۲,	<del></del>
(4) KORY HOCKEN	22	,	1			l	1	,		l
XEMBER AT LAPINE (5) SCOT CHEMPANI	<del>  - ,</del>	-		-	-		-	<u> </u>	<u> </u>	<u> </u>
(a) 2007 ( (2001 / 20)	<del></del>							,	6	
(6)			$\vdash$			<b> </b>		ļ	<del></del>	· · · · · · · · · · · · · · · · · · ·
(7)										
(8)							1			
(0)									<del></del>	
(9)	}									
(10)	}			_			Н			<del></del>
X::7		i								
(11)										
(12)				- }			Ì			
			$\sqcup$							
(13)			}							
440					-4					
(14)		l		į				]	Į	

	(A) Name and title	(C) Position  (do not check more than one box, unless person is both an officer and a director/trustee) week (list any hours for related organizations)			(D)  Reportable compensation from the	ertable Estination from amounted off competitions			of					
		related organizations below dotted line)		Institutional trustee	Cer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	org an	rom the panizatio d relate anizatio	on ≆d
(15)														
(16)	·····								<del></del>			<del></del>		
(17)								-						
(18)								-					<del></del> -	
(19)														
(20)													<del></del>	
(21)				_	_	_		_						
				_	_	_								
(22)														
(23)						Ì	j							
(24)												-		
(25)						7			1					
1b	Sub-total			•	<u>_</u>	l	. ;		0		e			<u>-</u>
c d	Total from continuation sheets to Part \ Total (add lines 1b and 1c)	-		•	· ·	•			2	<del></del>	6			<del>ن</del> ن
2	Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	bove)	) wh	o received mo	re than \$1	00,000	of		
3	Did the organization list any former offi employee on line 1a? If "Yes," complete S							mpl	oyee, or highe	est compe	ensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations (individual	sum of rep	ortab	le c	om	pen	satior							
5	Did any person listed on line 1a receive or for services rendered to the organization?									ition or inc	dividual			~
Section	on B. Independent Contractors											1.5		<u> </u>
1	Complete this table for your five highest compensation from the organization. Repoyear.													ix
	(A) Name and business address							(B) Description of ser	vices	(	(C) Compens	ation		
							$\dashv$							
	Total number of independent contractor	s (including	n bud	no	+ li-	nite	d +0	the	ea listed abou	(a) who				
	received more than \$100,000 of compensa							a IO	STIPLE ADDI	. Uj WIIU				

Par	t VIII				a any lina in this	Dort VIII	<del></del>	
		Check if Schedule O con	tains a res	ponse or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaigns .	1a	T			<del> </del>	0.2314
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues		<del> </del>	j :		1	]
و ک	C	Fundraising events	1c	<del></del>	1	•	]	
₩ =	d	<b>-</b>	1d		1		}	
°, Ę		Government grants (contributi	ions) 1e				}	
5 3	f	All other contributions, gifts, g		<del> </del>	1		j	
至至	1	and similar amounts not included a		.1/01	j j		ł	
₽δ	g	Noncash contributions included in I		<del></del>	1		]	
S E	h	Total. Add lines 1a-1f .					}	
				Business Code			<del> </del>	<del> </del>
<u>=</u>	2a				]		1	Ì
é	Ь						<del> </del>	<del></del>
8	c			<del> </del>		<del></del>	<del> </del>	<del> </del>
<u> </u>	d							
SE							<b></b>	<del> </del>
ē	1	All other program service re	evenue	<del></del>			<del></del>	<del> </del>
Program Service Revenue	g						<del></del>	L
	3	Total. Add lines 2a-2f Investment income (inclu	dina divid	ends, interest.				T
	1	and other similar amounts)						}
	4	Income from investment of ta		ond proceeds.▶	F			<del>                                     </del>
	5	Royalties	C CACITIPE D		r	<del></del>		<del> </del> -
	~		(i) Real	(ii) Personal		·	<del></del>	<del> </del>
	6a	Gross rents	·	<del>                                     </del>				İ
	b	Less: rental expenses		<del> </del>	1			
		Rental income or (loss)		<del></del>	1			,
	C	Net rental income or (loss)						
	d 7a	\	Securities	(ii) Other	<del></del>			<del></del>
	14	assets other than inventory		(") Gaild	ĺ	i		
	_	Less: cost or other basis						
	þ	and sales expenses .			{			
	_	· (			ĺ			
- 1	C	Gain or (loss)		<u> </u>				
	d	Net gain or (loss)		· · · · P				
venue	8a	Gross income from fundrais events (not including \$						
Other Revenu		of contributions reported on I See Part IV, line 18		\$ 2 <sub>2</sub> 27	}			
된	b	Less: direct expenses	b	3,≎ √6			j	
9		Net income or (loss) from fu		events . >	172.431		ì	
Ì	9a	Gross income from gaming a See Part IV, line 19	activities.					
}		Less: direct expenses			ł	į		
}		Net income or (loss) from ga		vities <b>•</b>	}	ì	i	
- 1		Gross sales of inventor			<del></del>		<del></del>	
1		returns and allowances .	· · a					
- {		Less: cost of goods sold .				i	1	
Ļ	С	Net income or (loss) from sa	ues of inve					
Ĺ		Miscellaneous Revenue		Business Code	ļ	į	l	
- 1	11a			<u> მ</u> ეტუr 3	22 952			<u> </u>
- 1	b							
	C		[					
	đ	All other revenue	٠ . [		L			
		Total. Add lines 11a-11d.		<u>-</u>		T		
- 1	12	Total revenue. See instructi	ions	▶ [	140 155	T		

Part IX	Statement	of F	unctional	Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				💢
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9184	9184 <u>.</u>		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		į		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7					<del></del>
7 8	Other salaries and wages				
•	section 401(k) and 403(b) employer contributions)	<u> </u>	1		
9	Other employee benefits				
10	Payroll taxes				<del></del>
11	Fees for services (non-employees):				
а	Management	(25)	125		
b	Legal				
C	Accounting			<del></del>	<del></del>
ď	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		···		
g	Other. (If line 11g amount exceeds 10% of line 25, column		<del></del>		<del></del>
	(A) amount, list line 11g expenses on Schedule O.)			i	
12	Advertising and promotion				
13	Office expenses	7063	7/4	e 590	
14	Information technology	<del>-</del>			
15	Royalties		<del></del>		
16	Occupancy				<del></del>
17 18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		1		
19	Conferences, conventions, and meetings	<del></del>			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	345		385	
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.)				<del></del>
a					
Ь					
c d			<del></del>		
e	All other expenses	119 343	749.543		
25	Total functional expenses. Add lines 1 through 24e	165 373	£3,825	7.245	
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				<del></del>
	following SOP 98-2 (ASC 958-720)	Į.	1		

	art X				
_		Check if Schedule O contains a response or note to any line in this Pa	rt X		[
	•		(A) Beginning of year		(B) End of year
$\overline{}$	1	Cash-non-interest-bearing	11061	9 1	1407)
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
<b>8</b>	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	
Assets	7	Notes and loans receivable, net		7	<del></del>
Ą	8	Inventories for sale or use	<del> </del>	8	<del></del>
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		1-	<del></del>
		other basis. Complete Part VI of Schedule D 10a		1 1	
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	<del> </del>	11	<del></del>
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	<del></del>	13	<del> </del>
	14	Intangible assets		14	<del></del>
	15	Other assets. See Part IV, line 11		15	<del></del>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	116 533		146.701
	17	Accounts payable and accrued expenses	114.517	17	140 101
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
		Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified 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		24	<del></del>
	25	parties, and other liabilities not included on lines 17-24). Complete Part X	į	1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
-1	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	<del></del>	20	<del></del>
2		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		~	
윤		Temporarily restricted net assets		27	<del></del>
<u> </u>	28 29	Permanently restricted net assets		29	<del></del>
<u> </u>	23	Organizations that do not follow SFAS 117 (ASC 958), check here		29	<del></del>
Ē		complete lines 30 through 34.	1	ł	
ō	30			20	
Net Assets or Fund Balances	30 31	Capital stock or trust principal, or current funds		30	
8	32	Retained earnings, endowment, accumulated income, or other funds.			<del></del>
اة	33	Total net assets or fund balances	34. 6	32	115.77
Ž	33 34	Total liabilities and net assets/fund balances	1756,0	34	140 760
	<del>51</del>	TOTAL HADIIITIES AND HEL ASSERVIUTU DAIGHOES	1.0010	34	110.70.

Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. •]
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1	90 158
2	Total expenses (must equal Part IX, column (A), line 25)	2			1	66 1 11
`3	Revenue less expenses. Subtract line 2 from line 1	3				٤4,3٤.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			7	16,670
5	Net unrealized gains (losses) on investments	5				
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			1.	(6. <sup>1</sup> 9.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			<u>. D</u>
	Accounting method used to prepare the Form 990: 🗸 Cash 🗀 Accrual 🗀 Other		г		Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," exp	loin	_	1		
	Schedule O.	nauri	"	į		l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		- }	2a		,
28	If "Yes," check a box below to indicate whether the financial statements for the year were comp			28		-
	reviewed on a separate basis, consolidated basis, or both:		^	1	i	Ì
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- 1	- }		
h	Were the organization's financial statements audited by an independent accountant?		- 1	2ь		~
•	If "Yes," check a box below to indicate whether the financial statements for the year were audited	i on	<u>.</u>	<del>~</del>		-
	separate basis, consolidated basis, or both:	- 0	_	- 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- 1		i	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiat	ıt İ	- i	i	
	of the audit, review, or compilation of its financial statements and selection of an independent accoun			2c	- {	
	If the organization changed either its oversight process or selection process during the tax year, exp	lain i	n t			
	Schedule O.			1	1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth i	n	- [	ļ	
	the Single Audit Act and OMB Circular A-133?		- 1	3a	- {	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	go the	e t			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	dits.	1	3b	I	
				Form	990	(2015)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

4947(a)(1) nonexempt charitable trust.

2015

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

LAKE WASHINGTON HIGH SCHOOL PROSTED CLUB 20-3440735 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . g Provide the following information about the supported organization(s). (ii) EIN (iv) Is the organization (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in vour govern support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A)(B) (C) (D) (E)

Par	(Complete only if you checked t	he box on lin	e 5, 7, or 8 of	f Part I or if th	ne organizatio	on failed to qu	
<u> </u>	Part III. If the organization fails to	o quality uno	er the tests ii	sted below, p	olease compl	ete Part III.)	
	ion A. Public Support	(-) 0044	(m) 0010	(-) 0040	1 (-0.0044	(-) 0045	(n + )
	ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	L	<u> </u>		<u> </u>		
	on B. Total Support	r	r <del></del>			<del> </del>	
_	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						L <del></del>
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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re	<u> </u>		, or fifth tax ye		
	on C. Computation of Public Suppor			4 4 (0)			
14	Public support percentage for 2015 (line 6					14	<u> </u>
15 16a	Public support percentage from 2014 Sch 331/2% support test—2015. If the organization qual box and stop here. The organization qual	zation did not d	check the box	on line 13, and	d line 14 is 331/	15   3% or more, ch	% neck this . ▶ □
b	331% support test — 2014. If the organicheck this box and stop here. The organi	nization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part VI how the organization meets the "fa organization	ets the "facts-a	and-circumstar	nces" test, che	ck this box and	d stop here. E	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization me	ion meets the eets the	facts-and-cir- and-circumst	rcumstances" ances" test. Ti	test, check thi he organization	s box and sto	and line p here.
	supported organization						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

# 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.)

	on A. Public Support				100011	(-) 0045	40 Tabal
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	ĺ		2 / 222	40704	E 4703	10/051
_	received. (Do not include any "unusual grants.")	38492	17845	26288	48724	54702	186051
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		i			ŀ	
	furnished in any activity that is related to the			20474	4543/4	125453	406761
	organization's tax-exempt purpose	19618	30248	89171	151261	135453	425751
3	Gross receipts from activities that are not an	, 1	ļ			j	
	unrelated trade or business under section 513	<del></del>					
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	1	ĺ			1	
_	The value of services or facilities					<del></del>	
5	furnished by a governmental unit to the				[	{	
	organization without charge						
6	Total. Add lines 1 through 5	58110	48093	115459	199985	190155	611802
7a	Amounts included on lines 1, 2, and 3	307.10	,,,,,,,			7,0100	
,,,	received from disqualified persons .	}					
b	Amounts included on lines 2 and 3						-
U	received from other than disqualified					ŀ	
	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.)						611802
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	58110	48093	115459	199985	190155	611802
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	49	19	10	4	0	81
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
С 11	Net income from unrelated business	<u> </u>					
•••	activities not included in line 10b, whether					ļ	
	or not the business is regularly carried on	,	ļ		1	j	
12	Other income. Do not include gain or						<del></del>
	loss from the sale of capital assets		j		ļ		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	58159	48112	115469	199989	190155	611883
14	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth	, or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8					15	100 %
16	Public support percentage from 2014 Sch	<u>nedule A, Part I</u>	II, line 15 .	<u></u>	· · · · ·	16	999 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2015 (I					17	0 %
18	Investment income percentage from 2014	Schedule A, F	Part III, line 17			18	1 %
19a	331/3% support tests—2015. If the organi	zation did not	cneck the box	on line 14, an	id line 15 is mo	ore than 331/3%	
	17 is not more than 33½%, check this box 331½%.						
b	331/3% support tests—2014. If the organiz	ation did not ch	neck a box on I	line 14 or line 1	9a, and line 16	is more than 33	
20	line 18 is not more than 331/3%, check this be <b>Private foundation.</b> If the organization did						
20		a not oneck at	JUA UN IIIIE 14,	ija, ur iyu. C	HECK WIS DOX 8	ına see instruc	uons 🗩 🗀

### **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

=		•	_		_		_		
S	ect	10n	A.	ΑIJ	Sur	portina	Ora	lan	izations

Seci	ion A. An Supporting Organizations		Tw	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	s No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	IV Supporting Organizations (continued)			
			Yes	s No
11	Has the organization accepted a gift or contribution from any of the following persons?	1	1	1
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	1	1
<b>.</b>	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a		┼
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		╁
	ion B. Type I Supporting Organizations	1110	L	—
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	1	1
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	}		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1.	ĺ	1
2	Did the organization operate for the benefit of any supported organization other than the supported	<b>}-</b> *-	<b></b>	┼─
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1 1		}
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 1		1
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ll		l
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	] , ]		
Secti	on D. All Type III Supporting Organizations			<b></b>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		ł	ı
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	- 1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		- 1	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Conti		3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	tions	y:
a	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee inet	nıctic	nei
_		_		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	- 1		
	those supported organizations and explain how these activities directly furthered their exempt purposes.	}	- 1	
	how the organization was responsive to those supported organizations, and how the organization determined	- {	- {	
	that these activities constituted substantially all of its activities.	2a	į.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		$\neg$	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	_		
•		2b	-	
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	j		
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	gar	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyir other Type III non-functionally integrated supporting organizations must contain the containing organization of the containing organization organiz			• •
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		_
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1	ł	
maintenance of property held for production of income (see instructions)	6	ĺ	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<del></del>	
6 Multiply line 5 by .035	6		<del>                                     </del>
7 Recoveries of prior-year distributions	7		1
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	_ <del>-</del>	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		T
7 Check here if the current year is the organization's first as a non-functional	ىن	egrated Type III europatic	og organization (coo
instructions).	y-1111	egrated Type in Supporti	ig organization (566

Par	Type III Non-Functionally Integrated 509(a)	<ol><li>Supporting Organ</li></ol>	izations (continued)	·
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex	orted		
•	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·		<u> </u>
6	Other distributions (describe in Part VI). See instructions.		<del></del>	
<del></del>	Total annual distributions. Add lines 1 through 6.	<del></del>	<del></del>	<del> </del>
	Distributions to attentive supported organizations to which	h the organization is res	noncive	
·	(provide details in <b>Part VI</b> ). See instructions.	an the organization is re-	pponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del></del>		<del> </del>
	Life 6 affourt divided by Life 3 affourt	<del>                                     </del>	(ii)	(iii)
s 	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
_1_	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015	Į i		ļ
	(reasonable cause required-see instructions)			L
3	Excess distributions carryover, if any, to 2015:	} 		
a				
b				
C				
d	From 2013			
	From 2014			
f	Total of lines 3a through e	<u> </u>		
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
7	D. line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			<del></del>
	Remainder. Subtract lines 4a and 4b from 4.	<del></del>	<del></del>	<del></del>
<del></del> _	Remaining underdistributions for years prior to 2015, if	<del></del>		<del></del>
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		i	
6	Remaining underdistributions for 2015. Subtract lines 3h	<del></del>		<del></del>
U	and 4b from line 1 (if amount greater than zero, see			
	instructions).		ŀ	
7	Excess distributions carryover to 2016. Add lines 3j	<del></del>	<del>-</del>	<del></del>
•	and 4c.		j	
8	Breakdown of line 7:	<del></del>		
	DIEGRADOWII OI IIIIE 1.			
<u>a</u>		<del>-</del>		
	Evene from 2012			
<u>c</u> _	Excess from 2013	<del> </del>		
<u>d</u>	Excess from 2014	<del></del>		<del></del>
<u>e</u>	Excess from 2015	LL		

	<del></del>
Sabadilla A (E	5000 000 or 000 E7 2016
	Form 990 or 990-EZ) 2015 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
•	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, 6, and 8; and Part V, Section E, lines 2, 5, 6, and 8; and Part V, Section E, lines 2, 5, 6, and 8; and Part V, Section E, lines 2, 5, 6, and 8; and Part V, Section E, lines 2, 5, 6, and 8; and Part V, Section E, lines 2, 6, and 8; and Part V, Section E, lines 2, 6, and 8; and Part V, Section E, lines 2, 6, and 8; and Part V, Section E, lines 2, 6, and 8; and Part V, Section E, lines 2, 6, and 8; and Part V, Section E, lines 2, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8; and Part V, Section E, lines 3, 6, and 8,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
*	
***************************************	
*	
*************	

### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name c	of the organization					Employer identific	cation number		
LAKE WASHINGTON HIGH SCHOOL BOOSTER CLUB						20-3440935			
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on F	orm 990, Part IV,	line 17.		
1	Indicate whether the organization	on raised funds t	hrough any	of the folio	owing activities. Cl	heck all that apply.			
а	✓ Mail solicitations		e 🗆	] Solicitati	ion of non-governr	nent grants			
b	Internet and email solicitatio	ns	f [	] Solicitatı	on of government	grants			
C	Phone solicitations		g 🖸	Special f	fundraisıng events				
d	☐ In-person solicitations								
2a	Did the organization have a write								
	or key employees listed in Form					-			
b	If "Yes," list the ten highest paid compensated at least \$5,000 by			draisers) pi	ursuant to agreem	ents under which th	ne fundraiser is to be		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		<del>                                     </del>	Yes	No	1	<del></del>	<del> </del>		
1									
2									
3									
4									
5									
6									
7									
8						<del></del>			
9			<del></del>	<del></del>					
10									
Total 3	List all states in which the organized registration or licensing.	inization is regis	tered or lic	ensed to s	olicit contributions	s or has been notific	ed it is exempt from		

Schedule G (Form 990 or 990-EZ) 2015

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	ng event contributions				
		group roompro gramm	(a) Event #1 Online Fundraising (event type)	(b) Event #2 Auction (event type)	(c) Other events  10 (total number)	(d) Total events (add col. (a) through col (c))	
Revenue	1	Gross receipts	33,373	16.187	142,877	192,437	
<u>.</u>	2 3	Less: Contributions Gross income (line 1 minus line 2)					
	4	Cash prizes					
	5	Noncash prizes				<del></del>	
nses	6	Rent/facility costs		1,800			
Direct Expenses	7	Food and beverages		4,610			
	8	Entertainment					
	9	Other direct expenses .	8272	753		64,511	
	10 11	Direct expense summary. Ad Net income summary. Subtra		79,946 112,491			
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		ed "Yes" on Form 99	0, Part IV, line 19, or r	reported more	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
<u>~</u>	1	Gross revenue	n/a	n/a	n/a	n/a	
ses	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
_	5	Other direct expenses .	☐ Yes %	☐ Yes %	□ Yes %		
	6	Volunteer labor	☐ Yes    %☐ ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No		
	7						
8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
9	a is	nter the state(s) in which the or the organization licensed to co "No," explain:	~	in each of these states		Yes No	
10		ere any of the organization's g "Yes," explain:	_	-	ted during the tax year?	<del></del>	

Schedu	ule G (Form 990 or 990-EZ) 2015		P	age <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		es 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?	□ Y	es 🗌	No
13	Indicate the percentage of gaming activity conducted in:			٠.
a	The organization's facility			<u>%</u>
14	An outside facility			%
1-7	records:			
	Name ▶			
	Name >			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
.00	revenue?	□ Y	es 🖂	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
			•	
	Description of services provided ►			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Director/officer Dampioyee Diffidependent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	□ Ye	es 🗌	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Dod	spent in the organization's own exempt activities during the tax year ▶ \$	- 1 ( )		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations.			
				<u>-</u>
			<b></b>	

### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization Employer identification number LAKE WASHINGTON HIGH SCHOOL BOOSTER CLUB 20-3440935 PART VIII LINE 11a TOTAL OTHER REVENUE \$22,982 STUDENT PARTICIPANT CLOTHING \$4,642 8,800 CAMP FEE LEAGUE & TOURNAMENT FEES 8,669 MISC 871 PART IX LINE 1 LAKE WASHINGTON SCHOOL DISTRICT \$8,184 12033 NE 80TH ST KIRKLAND WA 98033 PURPOSE . PARTICIPANT FEES, TEAM CAMP, MUSIC TRIP FUNDS, TRANSPORTATION FOR AY ELIGIBLE STUDENT WITH FINANCIAL NEEDS, NO GRANT RECIPIENT HAD A RELATIONSHIP TO ANY DIRECTOR, OFFICER, TRUSTEE OR OTHER KEY INDIVIDUAL IN THE LAKE WASHINGTON BOOSTER CLUB BOYS AND GIRLS CLUB \$1000 10805 124TH AVE NE KIRKLAND WA 98033 PURPOSE COMMUNITY GIFT PART IX LINE 24E \$149 343 **GROUP & TEAM ENTRANCE FEES** \$31,848 **GROUP & TEAM CAMPS AND CLINICS** 22,871 STUDENT PARTICIPANT CLOTHING AND EQUIPMENT 42,339 PARTICIPANT MEALS 6,298 **AWARD BANQUETS & PARTICIPANT RECOGNITION** 9 365 WEBSITES 1,721 **ANNOUNCERS** 1,750 COACHES CLOTHING & EQUIPMENT 17,847 PERFORMANCE SUPPLIES & EQUIPMENT 4,218 8,500 COACHES 2,856 MISC