Form '990-PF Department of the Treasury EXTENDED TO MAY 15, 2018

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

15323021

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf 2017 For calendar year 2016 or tax year beginning JUL 1, 2016 JUN 30. and ending Name of foundation A Employer identification number 91-1971896 SOUTH EVERETT MUKILTEO ROTARY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 425-347-2244 PO BOX 3391 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here EVERETT, WA 98213-8391 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year J Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 472,906. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 80,117. Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 91. 91. 91. STATEMENT 3,456. 3,456. STATEMENT 3,456. Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 3,505. STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 34,136. 1,915 Capital gain net income (from Part IV, line 2) 0. Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 175,918. STATEMENT 175,918, 11 Other income Ω. 5,462. 087. 179,465. Total. Add lines 1 through 11 Ō. О. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1,800. STMT 5 0. 0. **b** Accounting fees 2,733. 2,733. 2,733. STMT 6 c Other professional fees 17 Interest 18 Taxes 483. Ó. 483 Depreciation and depletion S O S MAY 21 2018 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 82,136. 0. 0. 0. 23 Other expenses 24 Total operating and administrative 87,152. 2,733. 3,216 0. expenses Add lines 13 through 23 71,367. 367. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 158,519 2.733. 3,216 71,367. Add lines 24 and 25 27 Subtract line 26 from line 12: 104,568. a Excess of revenue over expenses and disbursements 2,729. b Net investment income (if negative, enter -0-) 176.249Adjusted net income (if negative, enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

<u> For</u>	m 99	0-PF(2016) SOUTH EVERETT MUKILTED F			19/1096 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
_		Column Should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	25,534.	137,906.	137,906.
		Savings and temporary cash investments			
	3	Accounts receivable ►		<u></u>	
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
	1	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ω	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
		Investments - corporate bonds			-
		Investments - land, buildings, and equipment basis		<u> </u>	
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	318,871.	314,189.	332,228.
				5227253	
	17	Land, buildings, and equipment basis 2,414. Less accumulated depreciation STMT 9 1,083.	1,814.	1,331.	1,331.
	15	Other assets (describe	5,350.	1,441.	1,441.
		Total assets (to be completed by all filers - see the		7,111.	1,341.
	10	·	351,569.	454,867.	472,906.
	47	Instructions. Also, see page 1, item I)	331,309.	434,0076	472,500
		Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jak	21	Mortgages and other notes payable	1 270		
	22	Other liabilities (describe ►STATEMENT 10)	1,270.	0.	
			1 070	•	
_	23	Total liabilities (add lines 17 through 22)	1,270.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted	350,299.	454,867.	
<u>a</u>	25	Temporarily restricted			Ì
Ва	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here			
ī		and complete lines 27 through 31	ļ		
ō	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund Balances	30	Total net assets or fund balances	350,299.	454,867.	
			254 566	454 055	
_		Total liabilities and net assets/fund balances	351,569.	454,867.	
Р	art	Analysis of Changes in Net Assets or Fund Ba	lances		
		net assets or fund balances at beginning of year - Part II, column (a), line	30		050 000
		st agree with end-of-year figure reported on prior year's return)		1	350,299.
		r amount from Part 1, line 27a		2	104,568.
		r increases not included in line 2 (itemize)			0.
		lines 1, 2, and 3		4	454,867.
5	Decr	eases not included in line 2 (itemize) 🕨			0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	454,867.
_					C 000 DE (0010)

	EVERETT MUKIL			<u>NDA</u>	TION		91	<u>-1971</u>	896	Page 3
	Losses for Tax on In		Income	T :						
(a) List and describe the kind(s) of property sold (e.g., real estate,			(p)	low acqui - Purchas	red (c	Date ac		(d) Dat (mo., da		
	2-story brick warehouse, or confining stock, 200 stis. MLC 60.) D - Donation			(mo., day	/, yi.)	(1110., u	ay, yı. <i>)</i>			
1a CAPITAL GAINS DIV	VIDENDS			┼—						
<u>b</u>				┼—						
<u>C</u>				┼				+		
<u>d</u>				 						
	(f) Depreciation allowed	(a) Cos	st or other basis	- - 1			(h) Gau	n or (loss)		
(e) Gross sales price	(or allowable)		expense of sale					(f) minus (g	1)	
a 1,915.				$\neg \uparrow$					1	,915.
b										
c										
d			·							
e					···					
Complete only for assets showing ga		T						l. (h) gain n		
(i)-F-M-V-as-of-12/31/69	(j) Adjusted basis as-of-12/31/69-		cess of col. (i)			COL (F	osses (f	t less than rom col. (h	-u-) or))	
	as ui 12/3 1/09	over	coi. (j), it arry							015
a	<u> </u>	 			<u> </u>					<u>,915.</u>
<u>b</u>		-			·					
d d		 								
e										
	∫ If gain, also ente	r in Dart I line	7	7						
2 Capital gain net income or (net capital)- ın Part I, line	7	} [2				_1	,915.
3 Net short-term capital gain or (loss) as	•					-				
if gain, also enter in Part I, line 8, colu		·a (0).] [
If (loss), enter -0- in Part I, line 8					3					0.
	er Section 4940(e) for					tincon	1e			
(For optional use by domestic private four	ndations subject to the section 4	4940(a) tax on	net investment in	come.)					
If section 4940(d)(2) applies, leave this pa	art blank.									
Was the foundation liable for the section	1010 toy on the distributeble am	ount of any un	or in the hade per	Char				1		X No
If "Yes," the foundation does not qualify us				iour				L	168	INU
1 Enter the appropriate amount in each				ntries.						
(a) Base period years	(b)			(c)	***	-		Diotribi	d) ition ratio	
Base period years Calendar year (or tax year beginning in		tributions	Net value of no			assets	(c	ol. (b) divid	ition ratio ded by col.	(c))
2015		8,400.			336,	909.				88883
2014		9,401.				915.				78500
2013		2,978.				948.				<u> 38398</u>
2012		2,248.				431.				48387
2011	7	9,130.			243,	308.			• 3.	<u> 25226</u>
									2 0	70204
2 Total of line 1, column (d)							2		2.0	7 <u>9394</u>
3 Average distribution ratio for the 5-year		on line 2 by 5,	or by the number	of yea	ars				4	1 5 9 7 0
the foundation has been in existence if	less than 5 years						3		• 4	<u> 15879</u>
4 Enter the net value of noncharitable-us	on consta for 2016 from Dort V	luna E							360	,519.
4 Enter the het value of honoralitable-us	se assets for 20 to it offi Part A,	ille 5					4		300	<u>, 515 •</u>
5 Multiply line 4 by line 3							5		149	,932.
o Manapiy iiilo 4 by iiilo o										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6 Enter 1% of net investment income (1)	% of Part I. line 27b)						6			27.
· (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
7 Add lines 5 and 6							7		149	<u>,959.</u>
· -										
8 Enter qualifying distributions from Par	t XII, line 4						8		71	<u>,367.</u>
If line 8 is equal to or greater than line	7, check the box in Part VI, line	tb, and comp	lete that part usin	ıg a 19	√ tax rate.					
See the Part VI instructions.										
623521 11-23-16								Fo	orm 990 -	PF (2016)

11110514 149373 41891

rm 990-PF (2016) Part VI Excise	SOUTH EVERETT No. 1 Tax Based on Investmen				91-197 948 - see i		Page 4 ons)
	oundations described in section 4940						
	termination letter:						
b Domestic foundatio	ns that meet the section 4940(e) requ	uirements in Part V, check hei	e 🕨 🔲 and ent	er 1%	1		55.
of Part I, line 27b							
c All other domestic f	foundations enter 2% of line 27b. Exe	mpt foreign organizations ent	er 4% of Part I, line 1:	2, col. (b).			
2 Tax under section 5	511 (domestic section 4947(a)(1) trus	sts and taxable foundations or	ıly. Others enter -0-)		2		0.
3 Add lines 1 and 2					3		55.
	tax (domestic section 4947(a)(1) true				4		0.
	stment income. Subtract line 4 from	line 3. If zero or less, enter -0	-		5	 -	55.
6 Credits/Payments:]		
	payments and 2015 overpayment cre	edited to 2016	6a				
	anizations - tax withheld at source		6 <u>b</u>		1		
	cation for extension of time to file (Foi	rm 8868)	6c		-		
	g erroneously withheld		6d		+_+-		0.
	syments. Add lines 6a through 6d				7		<u> </u>
	or underpayment of estimated tax. Ch		is attached		8		55.
	of lines 5 and 8 is more than line 7,		-:-		9		23.
• •	ne 7 is more than the total of lines 5 a	•	a10	Refunded >	10		
	f line 10 to be: Credited to 2017 esting tements Regarding Activi			Refullueu			
	, did the foundation attempt to influen		I legislation or did it o	articinate or intervene		TIY	es No
any political campai	•	ice arry riational, state, or roca	r legislation or the it p	articipate of intervene	111	1a	X
	han \$100 during the year (either direc	ctly or indirectly) for political	ourboses (see instruc	tions for the definition	12	1b	$\frac{1}{x}$
	Yes" to 1a or 1b, attach a detaile					"	
	foundation in connection with the		ies and copies or a	ny materiala publian	00 01		
=	file Form 1120-POL for this year?	c delivities.				1c	X
	f any) of tax on political expenditures	(section 4955) imposed duril	ng the year:				
	tion. > \$			0.			
	ement (if any) paid by the foundation				-		
	0.						
Has the foundation	engaged in any activities that have no	ot previously been reported to	the IRS?			2	X
If "Yes," attach a	detailed description of the activiti	es					
Has the foundation	made any changes, not previously re	ported to the IRS, in its gover	nıng ınstrument, artıc	les of incorporation, c	r		
bylaws, or other sin	milar instruments? <i>If "Yes," attach a</i>	a conformed copy of the ci	hanges			3	X
	have unrelated business gross incom-		ie year?			4a	X
) If "Yes," has it filed	a tax return on Form 990-T for this ye	ear?			N/A	4b	<u> </u>
Was there a liquidat	tion, termination, dissolution, or subs	stantial contraction during the	year?			5	X
	ne statement required by General						
	ts of section 508(e) (relating to section	ons 4941 through 4945) satis	fied either:				
	ne governing instrument, or						
	on that effectively amends the governi	ing instrument so that no mar	idatory directions tha	t conflict with the state	e law	 	
remain in the gover						6	X X
Did the foundation	have at least \$5,000 in assets at any t	time during the year? If "Yes	," complete Part II,	col (c), and Part XV	,	7 7	^
a Enter the states to v	which the foundation reports or with v	which it is registered (see insi	ructions) - N	ONE		.	
h If the answer is "Ve-	s" to line 7, has the foundation furnish	hed a copy of Form 990-PF to	the Attorney General	(or designate)		·	
	ured by General Instruction G? If	• •	/ morney denoted	(5. doorginato)		8b :	x
	aiming status as a private operating f		of section 4942(1)(3)	or 4942(i)(5) for cale	ndar		
	xable year beginning in 2016 (see ins					9 .	x /
	come substantial contributors during					10	<u>x</u>
DIG GITT DO	Come Contract Contributors during	in rest and a				orm 990 -	

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orm 990-PF (2016) SOUTH EVERETT MUKILTEO RO			<u>91-19718</u>	96 <u>Page 6</u>
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired _{(continu}	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?)	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or		
the prevention of cruelty to children or animals?	,		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instruc		Ū	N/A	5b
Organizations relying on a current notice regarding disaster assistance check he	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		
expenditure responsibility for the grant?		Γ/A	s No	
If "Yes." attach the statement required by Regulations section 53 4945-				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	' '			
a personal benefit contract?	ay promiums on	□ v _e	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arcanal hanafit contract?			6b X
	ersonal benefit contract.		<u> </u>	
If "Yes" to 6b, file Form 8870	haltar transaction?	□ v,	s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s			. —	7b
Part VIII Information About Officers, Directors, Truste		nagers Highly	14/21	70
Paid Employees, and Contractors	es, i oundation mai	lagers, riiginy		
List all officers, directors, trustees, foundation managers and their of	compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	to position	`enter'-0-)	COMPENSATION	anovances
			,	
SEE STATEMENT 11		0.	0.	0.
SEE STATEMENT 11		- 0.	•	
		·		
		I INCOME II		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	account, other
	devoted to position	`	compensation	allowances
NONE				
		<u> </u>		
		<u> </u>		
Total number of other employees paid over \$50,000			>	0
			Form	990-PF (2016)

0.

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	319,744.
b	Average of monthly cash balances	1b	319,744. 46,265.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	366,009.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •	ļ	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	366,009.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,490.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	360,519.
6_	Minimum investment return Enter 5% of line 5	6	18,026.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
_	foreign organizations check here 🕨 🗶 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	71,367.
Ь	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	71,367.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	71,367.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	e section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (s	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2015	2015	2016
1 Distributable amount for 2016 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only				
b Total for prior years:				
Evenes distributions correspond if any to 2016:				
3 Excess distributions carryover, if any, to 2016:	•			0
b From 2012				
c From 2013				
d From 2014				Ì
e From 2015			!	
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)			L	
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed	· · · · · · · · · · · · · · · · · · ·			
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2015. Subtract line			ļ	
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017	<u> </u>			
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014		}		
d Excess from 2015				
e Excess from 2016				

Fart AV Supplementary morniati			——————————————————————————————————————	
3 Grants and Contributions Paid During the		ayment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
			1	
MUKILTEO FOODBANK THANKSGIVING	UNRELATED		PROVIDE THANKSGIVING	
BASKETS			MEALS TO LOCAL	
4514 84TH STRETT SW			FAMILIES IN NEED	
MUKILTEO, WA 98275				12,746.
EVERETT ROTARY	ROTARY		CENTENNIAL PROJECT	
PO BOX 1225	INTERNATIONAL CLUB		SUPPORT	————1-D—DDD—
EVERETT, WA 98206				10,000.
FRIENDLY WATER OF THE WORLD	UNRELATED		EXPAND ACCESS TO LOCAL	
1717 18TH COURT NE			CLEAN WATER TO PEOPLE	
OLYMPIA , WA 98506			IN NEED	3,165.
HANDS FOR PEACEMAKING FOUNDATION	UNRELATED		SUPPORT OPPERATING	
PO BOX 964			ACTIVITES	
EVERETT, WA 98206				10,000.
THE HEALING FUND	UNRELATED		PANAMA WATER PROJECT	
PO BOX 571				
STANWOOD, WA 98292		7 (7)		1,000.
	ONTINUATION SHEET	r(S)		71,367.
b Approved for future payment				
NONE				
Total			▶ 3b	0, m 990-PF (2016)
			FOI	III 330-1-1- (2016

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Part XVI-A Analysis of Income-Pro	ducing Activiti	es			
Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded b	y section 512, 513, or 514	(e)
Enter gross amounts unless otherwise maleated	(2)	(b)	(C) Exclu-	(d)	Related or exempt
	(a) Business	Amount	sion	Amount	function income
1 Program service revenue:	code	Allibuit	code	Amount	
a					
b					
		·	1		
		· · · · · · · · · · · · · · · · · · ·	+ +-		
d	 				
e					
f	1 1				
g Fees and contracts from government agencies					
		· · · · · · · · · · · · · · · · · · ·			
2 Membership dues and assessments	 				
3 Interest on savings and temporary cash					
investments			14]	91. 3,456.	
4 Dividends and interest from securities			14	3,456.	
5 Net rental income or (loss) from real estate:					
			+ +		
a Debt-financed property	<u> </u>		 		
b Not debt-financed property	<u> </u>				
6 Net rental income or (loss) from personal					
property					
			+ + -		
7 Other investment income					
8 Gain or (loss) from sales of assets other	1 1				
than inventory			14	3,505.	
9 Net income or (loss) from special events		-	01	98,970.	
10 Gross profit or (loss) from sales of inventory		· "			
• • •	 +		+		
11 Other revenue:					
a					
b					
	1 1				;
	1 1				
d	— 		+		
e				105 000	
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0	•	106,022.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	106,022.
(See worksheet in line 13 instructions to verify calculation	ne \			·	
					
Part XVI-B Relationship of Activities	es to the Accor	nplishment of Ex	kempt Pu	rposes	
Line No Explain below how each activity for which			A contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other	than by providing fund	ds for such purposes).			
					
					
					
					
			. <u></u>		
					
	<u> </u>				
				- 	
					
					
					

Form **990-PF** (2016)

623621 11-23-16

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exampt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Victor	(a) Line no	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description	of transfers, transactions, and sharing arrangements
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No		_	N/A		ſ	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No				·		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No					<u> </u>	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No		<u> </u>				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No					<u> </u>	<u> </u>
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No						<u></u>
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No					 	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No					}	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No				 	ļ	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No					1	
Sign Here Complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship					ations described	T T
(c) Description of relationship N/A Description of relationship N/A			, ,, ,,	tion 52/7		Yes A No
N/A Sign Here Sign Here Signature of officer or trustee Paid TERRY W. KLETT, CPA Under penalties of perjury, I deplare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complate Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title Print/Type preparer's name Preparer's signature Date Check If PTIN Self- employed P00067171	<u>b</u> If "Yes," c			(h) Type of organization		a) Deceription of relationship
Sign Here Under penalties of perjury, I deglare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and companies of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and companies of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and companies of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and companies of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and companies of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and companies of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and companies of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and companies of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and companies of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and companies of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and companies of preparer has any knowledge and belief, it is true correct, and companies of preparer has any knowledge and belief, it is true correct, and companies of preparer has any knowledge and belief, it is true correct, and companies of preparer has any knowledge and belief, it is true correct, and companies of preparer has any knowledge and belief, it is true correct, and correct has a supplied to			anization	(b) Type of Organization		c) Description of relationship
Sign Here And Gellef, it is true correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? X Yes No		N/A		 		
Sign Here And Gellef, it is true correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the Iris return with the preparer shown below (see instr.)? X Yes No No No No Yes No No No No No No No No						
Sign Here And Gellef, it is true correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the Iris return with the preparer shown below (see instr.)? X Yes No No No No Yes No No No No No No No No				 	· · · · · · · · · · · · · · · · · · ·	
Sign Here And Gellef, it is true correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the Iris return with the preparer shown below (see instr.)? X Yes No No No No Yes No No No No No No No No				 		
Sign Here And Gellef, it is true correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the Iris return with the preparer shown below (see instr.)? X Yes No No No No Yes No No No No No No No No	Unde	penalties of perjury, I degrare t	hat I have examined this return, including	accompanying schedules and stat	ements, and to the bes	t of my knowledge
Paid Control Signature	1 .7	elief, it is true correct, and con-	plate Declaration of preparer (other than	taxpayer) is based on all information	on of which preparer ha	s any knowledge return with the preparer
Paid TERRY W. KLETT, CPA LUW THE SIGNATURE SIGNATURE Preparer's Signatur		X Judenoo)	remunos_	1 5-14-2018	PRESTD	ENT Shown below (see instr)?
Paid TERRY W. KLETT, CPA LUL Date Date Check if self-employed p00067171	Sig	nature of officer or trustee	11 604/100			100
Paid TERRY W. KLETT, CPA LLUNG Self-employed P00067171			me Preparer's s			Check If PTIN
12221 W REETT, CIN (1000) 1 (10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1] '' '		10 11/2	Authoria	
	Paid	TERRY W. K	LETT, CPA ULU	INVINUE F	2/14/1/018	P00067171
	Preparer			ES, PLLC	 	Firm's EIN ► 47-4890934
Use Only	Use Only	T IIII O TIGILIO		3-,		
Firm's address ▶ 906 SE EVERETT MALL WAY SUITE 425	_	Firm's address ▶ 90	6 SE EVERETT MA	LL WAY SUITE	425	
EVERETT, WA 98208 Phone no. 425-610-4058		j .				Phone no. 425-610-4058
Form 990-PF (2016)		·				

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X

X

X

X

X

X

X

X

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

SOUTH EVERETT MUKILTEO ROTARY FOUNDATION

OMB No 1545-0047

Name of the organization

Employer identification number

91-1971896

Organization type (check one)								
Filers of:	Section:							
Form 990 or 990-EZ 501(c)() (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions								
General Rule								
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions							
Special Rules								
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
but it must answer "No" or	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), in Part IV, line 2, of its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

	SOUTH	EVERETT	MUKILTEO	ROTARY	FOUNDATION
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91-1971896

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional additional contributors.	onal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOUTH EVERETT MUKILTEO ROTARY CLUB PO BOX 3391 EVERETT, WA 98213-8391		Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Onncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization Employer identification number SOUTH EVERETT MUKILTED ROTARY FOUNDATION 91-1971896 Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I

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name or orga			Employer Identification number
Part III	EVERETT MUKILTEO ROTAR Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	tributions to organizations described in se	91-1971896 ection 501(c)(7), (8), or (10) that total more than \$1,000 for g line entry. For organizations for the year. (folds this into area)
	Use duplicate copies of Part III if addition	nal space is needed	tor the year (cliffs into once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>			
 	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVING	S AND TE	MPORARI	CASII		ENTS STA	
SOURCE		REV	A) ENUE BOOKS	NET	(B) INVESTME INCOME		(C) ADJUSTED ET INCOME
INTEREST INCOME			91.		9	91.	91
TOTAL TO PART I, LI	NE 3		91.		9	91.	91
FORM 990-PF	DIVIDENDS	AND INTE	REST FRO	M SE	CURITIES	ST	ATEMENT 2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	RE	(A) VENU BOO	E—NET	(B) INVEST- INCOME	(C) ADJUSTED NET INCOM
INVESTMENTS	5,371.	1,9	15.	3,4	56.	3,456.	3,456
TO PART I, LINE 4	5,371.	1,9	15.	3,4		3,456.	3,456
and the second s	GAIN OR	(LOSS) FR	OM SALE	OF A	SSETS	ST.	ATEMENT 3
FORM 990-PF (A) DESCRIPTION OF PROF		(LOSS) FR	OM SALE	OF A	MANNER	DATE	ATEMENT 3
FORM 990-PF (A)		(LOSS) FR	OM SALE		MANNER	DATE ACQUIRE	D DATE SOLI
FORM 990-PF (A) DESCRIPTION OF PROF FPA NEW INCOME (B)	PERTY (C)	(D)	_ P	MANNER ACQUIRED	DATE ACQUIRE	D DATE SOLI
FORM 990-PF (A) DESCRIPTION OF PROF	PERTY (C COST) OR		_ P	MANNER ACQUIRED PURCHASED	DATE ACQUIREI VARIOUS	DATE SOLI 08/26/16
FORM 990-PF (A) DESCRIPTION OF PROF FPA NEW INCOME (B) GROSS SALES PRICE	PERTY (C COST) OR	(D) EXPENSE	_ P	MANNER ACQUIRED PURCHASED	DATE ACQUIREI VARIOUS	DATE SOLI 08/26/16 (F)
FORM 990-PF (A) DESCRIPTION OF PROF FPA NEW INCOME (B) GROSS SALES PRICE	CE OTHER E	OR BASIS	(D) EXPENSE	P OF	MANNER ACQUIRED OURCHASED (E) DEPREC	DATE ACQUIRED VARIOUS GAIN 0. DATE	DATE SOLI 08/26/16 (F) N OR LOSS
FORM 990-PF (A) DESCRIPTION OF PROF FPA NEW INCOME (B) GROSS SALES PRIC 4,2	CE OTHER E	OR BASIS	(D) EXPENSE	OF 0.	MANNER ACQUIRED OURCHASED (E) DEPREC	DATE ACQUIRED VARIOUS GAIN O. DATE ACQUIRED	D DATE SOLI 08/26/16 (F) N OR LOSS -68
FORM 990-PF (A) DESCRIPTION OF PROPE (B) GROSS SALES PRICE (A) DESCRIPTION OF PROPE	COST CE OTHER E 238. PERTY (C COST	OR BASIS 4,306.	(D) EXPENSE	OF O.	MANNER ACQUIRED (E) DEPREC MANNER ACQUIRED	DATE ACQUIRED VARIOUS GAIN 0. DATE ACQUIRED VARIOUS	D DATE SOLI 08/26/16 (F) N OR LOSS -68 D DATE SOLI

DESCRIPTIO	(A) ON OF PROPERTY			i	MANNER ACQUIRED			DATE	SOLD
BLACKROCK	HI YIELD	_		PU	URCHASED	VARI	ous	02/	13/17
	(B)	(C)	(D)	\T-1	(E)			(F)	
S	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF) F	DEPREC.	, (GAIN	OR L	oss
	445.	472.		0.		0.			-27.
DESCRIPTIO	(A) ON OF PROPERTY			1	MANNER ACQUIRED	DA'		DATE	SOLD
INVESCO PR	REMIER	_		PU	JRCHASED	VARI	ous	09/	22/16
	(B)	(C)	(D)		(E)			_(.F_)	
S	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE O)F	DEPREC.	. •	GAIN	OR L	oss
	7,914.	7,914.		0.		0.		,	0.
	OR LOSS FROM S								,590. ,915.
CAPITAL GA	AINS DIVIDENDS							1	
CAPITAL GA	AINS DIVIDENDS	FROM PART IV						1	,915.
CAPITAL GA	AINS DIVIDENDS	FROM PART IV	INCOME				STAT	1	,915. ,505.
CAPITAL GA	AINS DIVIDENDS FORM 990-PF, P	FROM PART IV	INCOME (A) REVENUE PER BOOK		(B) NET INV MENT IN	EST-	A	3	,915. ,505. T 4
CAPITAL GA TOTAL TO F FORM 990-P	AINS DIVIDENDS FORM 990-PF, P PF ON OME FROM SPECI	FROM PART IV ART I, LINE 6A OTHER	(A) REVENUE	.s 	NET INV MENT IN	EST-	A NE	1 3 CEMEN (C) ADJUS	,915. ,505. T 4

FORM 990-PF	ACCOUNTI	NG FEES	S:	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
ACCOUNTING	1,800.	0.	0.	0.		
TO FORM 990-PF, PG 1, LN 16B	1,800.	0.	0.	0.		
FORM 990-PF (OTHER PROFES	SIONAL FEES	S	ratement 6		
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
INVESTMENT FEES	2,733.	2,733.	2,733.	0.		
TO FORM 990-PF, PG 1, LN 16C	2,733.	2,733.	2,733.	0.		
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT 7		
DESCRIPTION		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
DIRECT EXPENSES ASSOCIATED WITH FUNDRAISING EVENTS PROGRAM EXPENSES OTHER EXPENSES	76,948. 4,630. 558.	0. 0. 0.	0. 0. 0.	0. 0. 0.		

FORM 990-PF OTH	ER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
DA DAVIDSON MORGAN STANLEY	FMV FMV	152,429. 161,760.	163,943. 168,285.
TOTAL TO FORM 990-PF, PART II, LIN	E 13	314,189.	332,228.

FORM 990-PF	DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 9
DESCRIPTION		COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER COMPUTER SF	PRO 4 SOFTWARE	628. 1,786.	577. 506.	51. 1,280.
TOTAL TO FM	990-PF, PART II, LN 14	2,414.	1,083.	1,331.
				
FORM 990-PF	ОТН	ER LIABILITIES		STATEMENT 10
FORM 990-PF DESCRIPTION	ОТН	ER LIABILITIES	BOY-AMOUNT-	
	CLUB	ER LIABILITIES	BOY AMOUNT 200. 1,070.	

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				STATEMENT 11	
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
DAN STONE PO BOX 3391 EVERETT, WA 98213		PRESIDENT 5.00	0.	0.	0	
DARLENE BIRKETT PO BOX 3391 EVERETT, WA 98213		SECRETARY 2.00	0.	0.	0	
JULIE LIENHARD PO BOX 3391 EVERETT, WA 98213		TREASURER 4.00	0.	0.	0	
BUZZ RODLAND PO BOX 3391 EVERETT, WA 98213		DIRECTOR 3.00	0.	0.	0	
MARTIN CROSS PO BOX 3391 EVERETT, WA 98213		DIRECTOR 3.00	0.	0.	0	
LORNA CORRIGAN PO BOX 3391 EVERETT, WA 98213		DIRECTOR 3.00	0.	0.	0	
VERN ALLEN PO BOX 3391 EVERETT, WA 98213		DIRECTOR 3.00	0.	0.	0	
TOTALS INCLUDED O	N 990-PF, PAGE 6	, PART VIII	0.	0.	0	