Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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Αŀ	For the	\pm 2017 calendar year, or tax year beginning $$	ending J	UN 30, 2018	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	SOUTH EVERETT MUKILTEO ROTARY FOUNDATION	ON		
	Name change			91-1	971896
	Initial return Final return/	DO BOY 3391	Room/suite	E Telephone numbe	r 347-2244
	termin ated			G Gross receipts \$	398,648.
	Amend			H(a) Is this a group re	eturn
	Applic tion pendin	F Name and address of principal officer DAN STONE		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates ii	
		empt status	or 52 <u>/</u>		list (see instructions)
		e: WWW . SEMR . ORG organization: X Corporation Trust Association Other	I Vear	H(c) Group exemption 1999	M State of legal domicile WA
	artilj	Summary	Lical	OF TOTTINATION. TOO	VI State of legal doffliche VVII
	1	Briefly describe the organization's mission or most significant activities FUND	NG LO	CAL, REGION	AL AND
Governance		INTERNATIONAL PROJECTS FOR HEALTH, EDUCAT			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposi	ed of more	than 25% of its net as:	sets
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
Š	1 '	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
es		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
Activities &	6	Total number of volunteers (estimate if necessary)		6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C)RECEIVED		7 <u>a</u> 7b	0.
	D	Net unrelated business taxable income from Form 990.T. line 34		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	RS-OSC	80,117.	56,936.
Revenue		Program service revenue (Part VIII, line 2g)	<u>ان</u>	0.	0.
ver		Investment income (Part VIII, column (A), lines 3, 4 and 70GDEN. LIT		7,052.	26,889.
R	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	98,970.	101,953.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		186,139.	185,778.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		71,367.	97,148.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. 上	0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	1000	10.560
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	10,204.	10,560.
	i .	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	81,571.	107,708.
		Revenue less expenses Subtract line 18 from line 12		104,568.	
ts o		Total coasts (Dart V. line 16)	Ве	ginning of Current Year 454,867.	End of Year 542,942.
Assets or	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	<u> </u>	0.	1,400.
	1	Net assets or fund balances Subtract line 21 from line 20		454,867.	541,542.
Pi		Signature Block	· ·		
		Ities of peripsy, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of prevarer (other than officer) is based on all information of wh			
		THE REPORT OF THE PARTY OF THE		5/10/	19
Sig	n	Signature of officer V		Date '	1
Her	e	DAN STONE, PRESIDENT		<u>_</u>	
		Type or print name and title	- Tr	Oate A Invite	DTIN.
_		Print/Type preparer's name	-	Check [PTIN
Paid		TERRY W. KLETT, CPA	<u> </u>	self-emplo	
	narer	Firm's name KLETT AND ASSOCIATES, PILC Tries address 906 SE EVERETT MALL WAY SUITE 42	5	Firm's EIN ▶	47-4890934
use	Only	EVERETT, WA 98208	J	Dhone no 42	5-610-4058
Mar	the IS	RS discuss this return with the preparer shown above? (see instructions)		Frittine ito. 4.2	X Yes No
*101	, ri ic il.	io algorio il ilo lotaliti mitti tilo biobatol gillimi above, topo iligitaviloligi			

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Form	990 (2017) SOUTH EVERETT MUKILTEO ROTARY FOUNDATION 91-1971896 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	
1	Briefly describe the organization's mission
	FUNDING LOCAL, REGIONAL AND INTERNATIONAL PROJECTS FOR HEALTH,
	EDUCATION, COMUNITY SERVICES AND ARTS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
-	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 44,648
74	PARTNERSHIPS WITH OTHER NON-PROFIT ORGANIZATIONS TO SUPPORT HEALTH,
	EDUCATION, YOUTH ACTIVITIES, SENIOR ACTIVITIES, EDUCATION AND LOW
	INCOME CITIZENS
4h	(Code) (Fundaments 26 000 - Included control 26 000 -) (Fundaments)
4b	(Code) (Expenses \$ 26,000. including grants of \$ 26,000.) (Revenue \$)
4b	INTERNATIONAL PROJECTS WITH OTHER NON-PROFIT ORGANIZATIONS TO SUPPORT
4b	INTERNATIONAL PROJECTS WITH OTHER NON-PROFIT ORGANIZATIONS TO SUPPORT EDUCATION AND QUALITY OF LIFE AND HEALTH FOR CITIZENS.
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<u>,</u> u	Officerist of frequired deficacies			_
	1. the annual described a section 504(a)(a) as 4047(a)(4) (athorstical annuals foundation)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.,	x	
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ė		
•	Schedule D, Part III	8		x
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		x
0	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
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		Х
С	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	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٠,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا ۔۔ ا		₩.
_	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	_17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		y	
_	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
м	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	1		ı

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comolete Schedule G. Part III

Partily Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			х
~~	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 current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		х
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_ 33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		Х
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yos" to line 355, did the organization receive any payment from or organization with a controlled entity.	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
J J	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ - _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

SOUTH EVERETT MUKILTEO ROTARY FOUNDATION 91-1971896 Form 990 (2017) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 7 1b b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Х Did the organization have a written whistleblower policy? 13 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CFO, Executive Director, or top management official 15a Х **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed -17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Upon request X Other (explain in Schedule O) Own website ____ Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records TERRI STEFNIK - 425-347-2244

Form **990** (2017)

98213-8391

PO BOX 3391, EVERETT

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

	· ·	or any related organization compensated			odle					
(A)	(B) (C) Average Position					1		(D)	(E)	(F)
Name and Title	Average	hours per (do not check more than one box, unless person is both an				than o	опе	Reportable	Reportable compensation	Estimated amount of
	week	offi	, unie: cer an	ss per Id a di	rson i irecto	s both or/trus	i an tee)	compensation from	from related	other
	(list any	ē						the	organizations	compensation
	hours for	gue				~		organization	(W-2/1099-MISC)	from the
	related	5 8	stee			nsate		(W-2/1099-MISC)	(** 2. *********************************	organization
	organizations	trust	al tru		yee	adwo		,		and related
	below	individual trustee or director	Institutional trustee	نة)d m	est co	Ja:			organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Form			
(1) BUZZ RODLAND	3.00									
DIRECTOR		X						0.	0.	0.
(2) CASSIE FRANKLIN	3.00									
DIRECTOR		Х						0.	0.	0.
(3) LORNA CORRIGAN	3.00									
DIRECTOR		Х						0.	0.	0.
(4) VERN ALLEN	3.00									
DIRECTOR		Х						. 0.	0.	0.
(5) DAN STONE	5.00							_	_	_
PRESIDENT	1	ļ		Х				0.	0.	0.
(6) TERRI STEFNIK	4.00									
TREASURER	 			Х				0.	0.	0.
(7) MARTIN CROSS	2.00									
SECRETARY	<u> </u>			X				0.	0.	0.
	 									
		•								
· · · · · · · · · · · · · · · · · · ·				\vdash						
		1								
	 					-				
	 									
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Form **990** (2017)

Forn	n 990		H EVERETT M	UKILTE(ROTARY FO	OUNDATION	91-1971	896 Page 9
Pa	rt VI	II Statement of Reve	nue					-
		Check if Schedule O con	tains a response or ne	ote to any line	e in this Part VIII			
			-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S 8	1 a	Federated campaigns	1a					
aut	b		1b					
ج ق	٦ [: Fundraising events		3,650.				
fts	ر ا	Related organizations	1d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
<u>s</u> <u>i</u>	֓֞֟֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Government grants (contribute	 					-
Sins	،	All other contributions, gifts, grai	· ·					· ·
er ic	'	similar amounts not included abo		3,286.				
Contributions, Gifts, Grants and Other Similar Amounts.	_			3,200				
on Dd	9	Noncash contributions included in lines	1a-1f \$		56,936.		· · · · · · · · · · · · · · · · · · ·	
<u>O</u> @	<u> r</u>	Total. Add lines 1a-1f	ln .		30,930.			
				siness Code				
ice	2 a							
er v	b	· ····································						
n S	C	·					.	
ran Sev	d	l				ļ		
Program Service Revenue	е	· - · · · · · · · · · · · · · · · · · ·					. ,	
٩	f	All other program service reve	enue					
_	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, interest, a	ınd	40.000			
		other similar amounts)		▶	13,308.	13,308.		
	4	Income from investment of ta	x-exempt bond proce	eds 🕨				· · · · · · · ·
	5	Royalties						
			(i) Real (ii) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	: Rental income or (loss)			 			
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of		(II) Other				
		assets other than inventory	173,314.					
	b	Less cost or other basis				İ		
		and sales expenses	159,733.					
	С	Gain or (loss)	13,581.					
		Net gain or (loss)		•	13,581.	13,581.		
		Gross income from fundraisin	g events (not					
Other Revenue		including \$ 43,6				Ì		
vei		contributions reported on line						
e		Part IV, line 18		5,090.				
je	h	Less direct expenses	ь 5	3,137.				
ŏ		: Net income or (loss) from fund			101,953.	†		101,953.
		Gross income from gaming a	_		, , , , , , ,			
	\ a	Part IV, line 19	a					
	h	Less direct expenses	b	-		-		
1		: Net income or (loss) from gan						
ļ		Gross sales of inventory, less	-			 		
	10 a	and allowances	1					
	L		a					
		Less cost of goods sold	b		 			
	C	Net income or (loss) from sale Miscellaneous Revenu	Ĭ	inosa Cada				
	11 a			siness Code	· · · · · ·			
								
İ	b					 		
	9	All other revenue			<u></u>			
		Total. Add lines 11a-11d	<u> </u>					
	12	Total revenue. See instructions.			185,778.	26,889.	0 -	101,953.
	1,4	i otat i o fotiue. Oco mon uchono.						

Form **990** (2017)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp		-	nplete column (A).	
_	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1			
	and domestic governments. See Part IV, line 21	70,648.	70,648.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	26,500.	26,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified			· ·	
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		ì		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
_	· · · · · · · · · · · · · · · · · · ·				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	-:			
b	Legal	4 110		4 110	
С	Accounting	4,110.		4,110.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	0.500		0.500	
f	Investment management fees	2,782.		2,782.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	423.		423.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	408.		408.	
23	Insurance	-			
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.)				
а	STUDENT LUNCHES	1,050.		1,050.	·
b	MISCELLANEOUS	945.		945.	
С	BANK SERVICE CHARGES	626.		626.	
d	TAXES AND LICENSES	166.		166.	
е	All other expenses	50.		50.	
25	Total functional expenses Add lines 1 through 24e	107,708.	97,148.	10,560.	0.
26	Joint costs Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

542,942. Form 990 (2017)

541,542.

541,542.

0.

31

33

454,867.

454,867.

454,867.

30

31

32

33

34

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2017) SOUTH EVERETT MUKILTEO ROTARY FOUNDATION	91-	1971896	Pac	_{re} 12
Pa	rt 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	185	5,7	78.
2	Total expenses (must equal Part IX, column (A), line 25)	2	107	7,70	08.
3	Revenue less expenses Subtract line 2 from line 1	3	78	3,0	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	454	1,86	57.
5	Net unrealized gains (losses) on investments	5		3,60	05.
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	. 1			
	column (B))	10	541	.,54	<u> 12.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · · · · · · · · · · · · · · · ·		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ ┌┤	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		İ	
	consolidated basis, or both			}	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	jie Audi			
	Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audi	1 1	ŀ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Sorm!	990	0017
			-orm	9 9 0 (2017)

732012 11-28-17

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Opento Public Inspection

Name of the organization

Employer identification number

SOUTH EVERETT MUKILTEO ROTARY FOUNDATION 91-1971896 Reason for Public Charity Status (All organizations must complete this part) See instructions |Partil The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 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 section 170(b)(1)(A)(iv). (Complete Part II) 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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) 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 II, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Schedule A'(Form 990 or 990 EZ) 2017 Part II Support Schedule for	r Organizations	s Described in	Sections 170	(b)(1)(A)(iv) and	□170(b)(1)(A)(vi)	
(Complete only if you check				on failed to qualify t	ınder Part III If the o	rgánization
fails to qualify under the tes	ts listed below, plea	ase complete Part	· · · · · · · · · · · · · · · · · · ·			<u>/</u>
Section A. Public Support		1	T			
 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2 Tax revenues levied for the organ- ization'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)		<u> </u>	<u> </u>			
6 Public support. Subtract line 5 from line 4 Section B. Total Support	1	<u> </u>	4			
	1 () 0040	1110011	1 13015	1 1 2010	1 1 2017	(O T-+-1
Calendar year (or fiscal year beginning in) 7 Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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	1			\		
12 Gross receipts from related activities	<i>y</i>	ions)			12	
13 First five years. If the Form 990 is	or the organization'	's first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3)	
organization, check this box and sto Section C. Computation of Pub		rcentage			\	>
14 Public support percentage for 2017			column (fl)		14	9/
15 Public support percentage from 201		•	, o. o. o. o. o. o. o. o. o. o. o. o. o.		15.	9,
16a 33 1/3% support test /2017. If the			n line 13, and line	14 is 33 1/3% or m		
stop here. The organization qualifier	_					
b 33 1/3% support test - 2016. If the	·			d line 15 is 33 1/3%	or more, check this	box
and stop here. The organization qua	•				\	▶□
17a 10% -facts-and-circumstances tes and if the ofganization meets the "fa					\	
meets the "facts-and-circumstances	-			-	,	▶∟
b 10% -facts-and-circumstances tes					\)% or
more, and if the organization meets						,
organization meets the "facts-and-ci		•		•		\ <u>\</u>
18 Private foundation. If the organizat	ion did not check a	box on line 13, 16	a, 16b, 17a, or 17			<u> </u>
				Sch	edule A (Form 990 o	or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 SOUTH EVERETT MUKILTEO ROTARY FOUNDATION 91-1971896 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	clow, picase comp	note r art ir j				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")	32,133.	21,402.	10,882.	27,726.	12,830.	104 <u>,97</u> 3.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	236,025.		160,957.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	268,158.	260,014.	171,839.	255,919.	211,570.	1167500.
	Amounts included on lines 1, 2, and 3 received from disqualified persons			-			0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						1167500.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015 171,839.	(d) 2016	(e) 2017	(f) Total 1167500.
	Amounts from line 6	268,158.	260,014.	1/1,839.	255,919.	211,570.	116/500.
102	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,665.	15,271.	12,820.	5,462.	14,950.	58,168.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	9,665.	15,271.	12,820.	5,462.	14,950.	58,168.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,003.	13,2/1.	12,020.	3, 102.	14,550.	30,200.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)	·		184,659.		•	1225668.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ition,
<u>~</u>	check this box and stop here	- Command Day					
	ction C. Computation of Publi						95.25 %
	Public support percentage for 2017 (li	• • •	•	olumn (t))		15	
	Public support percentage from 2016 etion D. Computation of Inves					16	%
	· · · · · · · · · · · · · · · · · · ·		-	- 12 ook (6)		47	4.75 %
	Investment income percentage for 20	•	**	ie 13, column (1))		18	
	Investment income percentage from 2 a 33 1/3% support tests - 2017. If the			on line 14 and line	15 is more than 2		
	more than 33 1/3%, check this box ar	d stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	$\triangleright X$
C	33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		_	

Schedule A'(Form 990 or 990-EZ) 2017 SOUTH EVERETT MUKILTEO ROTARY FOUNDATION 91-1971896 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	Λ	ΔΠ	Suppo	rtina	Organizations
3 C CHOH	м.	MII	Suppo	TUHE	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (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
- 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 Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- 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 Part VI 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
- 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 Part VI, 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)
- **b** 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?
- c 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.
- 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)
- 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)
- 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 Part VI.
- **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 Part VI.
- c 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 Part VI.
- 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
 - 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.)

		Yes	No
	1		
	· ·		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
		·	
	6		
	7		
	8		
	9a		
	9b_		
	9c		
	10a		
	10b_		
_		L	

	dule A'(Form 990 or 990 EZ) 2017 SOUTH EVERETT MUKILTEO ROTARY FOUNDATION 91-19	7189	<u>6</u> р	age 5
Pa	rt IV Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A porson who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	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.	<u>11</u> c	L	
Sec	tion B. Type I Supporting Organizations			
			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			
	tax year? If "No," describe in Part VI 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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	11		ļ.,
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			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			
_	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			لــــا
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		\vdash
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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			oxdot
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		i
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
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				
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions,	Yes	No
2	Activities Test Answer (a) and (b) below.		res	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	23		
h	that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	23	-	
D	of the organization's supported organization(s) would have been engaged in of "Yes," explain in Part VI line			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		\Box
2	activities but for the organization's involvement Perent of Supported Organizations Answer (a) and (b) below	20		
3	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this repart.	3b		\vdash
	or to support of organizations in Tea. Describe in Fair Frince fole bildyed by the didditization in this reddid.			

Schedule A (Form 990 or 990-EZ) 2017 SOUTH EVERETT MUKILTED ROTARY FOUNDATION 91-1971896 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 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 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 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 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 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 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) 2 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2017

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A'(Form 990 or 990 EZ) 2017 SOUTH EVERETT MUKILTEO ROTARY FOUNDATION 91-1971896 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 3 а **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines 3 and 4c 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-E	Z) 2017 SOU	TH EVERET	r MUKILTEC	ROTARY	FOUNDATION 9	1-1971896 Page 8
Part VI	Supplementa Part IV, Section A line 1, Part IV, Sec	I Information , lines 1, 2, 3b, 3 ction D. lines 2 a	1. Provide the exp 3c, 4b, 4c, 5a, 6, 9a and 3, Part IV. Sect	lanations required a, 9b, 9c, 11a, 11b ion E. lines 1c, 2a,	by Part II, line 1 and 11c, Part I 2b, 3a, and 3b,	0, Part II, line 17a or 17b V, Section B, lines 1 and Part V, line 1, Part V, Se part for any additional ir	, Part III, line 12, 2, Part IV, Section C, ction B. line 1e. Part V.
	(See instructions)					——————————————————————————————————————	
							
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•							-
		 					
	_						
		 					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SOUTH EVERETT MIKILTED ROTARY FOUNDATION

Employer identification number 91-1971896

Pa		d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
Ŭ	are the organization's property, subject to the organization's	•	Ycs No
6	Did the organization inform all grantees, donors, and donor as		
U	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	donor davisor, or for any other purpose t	Yes No
Pai		nanization answered "Yes" on Form 990 F	
1	Purpose(s) of conservation easements held by the organization	****	arriv, mio
'	Preservation of land for public use (e.g., recreation or ea		orically important land area
	Protection of natural habitat		rified historic structure
	Preservation of open space	Freservation of a cert	ined historic structure
2		and concentation contribution in the form	of a consequence excement on the last
2	Complete lines 2a through 2d if the organization held a qualification of the tax year	led Conservation Contribution in the form	Held at the End of the Tax Year
_	Total number of conservation easements		
a			2a
b	Total acreage restricted by conservation easements	interes and indeed in (a)	2b
C	Number of conservation easements on a certified historic stru	• •	2c
a	Number of conservation easements included in (c) acquired a	mer 7/25/06, and not on a historic structu	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
_	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri	• • •	
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing cons	ervation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	the organization's accounting for
Do	conservation easements t III Organizations Maintaining Collections of	Art Historical Tracquires or Ot	hor Cimilar Assats
Pai			ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	· ·	
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2017

		VERETT MUKI						<u>91-19</u>		Page 2
Pa	Cilli Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	following tha	t are a sigr	nificant u	use of its c	ollection it	ems
	(check all that apply)		_							
а	Public exhibition	d		Loan or exc						
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII	
5	During the year, did the organization solicit of					er sımılar a	ıssets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Pai	Escrow and Custodial Arran		te if the	e organizatio	n answered	"Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for	contributions	s or other as	sets not in	cluded	_	-	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing t	able				r'		
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L		
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for	escrow or cu	istodial acco	unt liability	y?		」Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII									
[Pai	Endowment Funds. Complete	f the organization ans	swered	"Yes" on Fo	rm 990, Parl					
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g	g, column (a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion tha	t are held ar	nd administe	red for the	organiz	ation	_	
	by								<u> </u>	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(iı)	
b	If "Yes" on line 3a(ii), are the related organiza	•							3b	
4	Describe in Part XIII the intended uses of the		vment f	unds					· · · · · · · · · · · · · · · · · · ·	
Pa	tiVI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990,	, Part I\	/, line 11a S	ee Form 990), Part X, III	ne 10	,		
	Description of property	(a) Cost or ot	ther	,	or other		cumulate		(d) Book	value
		basis (investm	ent)	basis	(other)	depr	reciation			
1a	Land					<u> </u>				
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other			<u> </u>	<u>2,414.</u>		1,4	91.		923.
-	Add lines 1a through 16 (California (d) annual a							▶ I		923

	TT MUKILTEO R	OTARY FOUNDA	ATION 91	<u>-1971896</u>	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"				l _6	· · · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Val	uation Cost or end	i-oi-year market v	alue
(1) Financial derivatives		ļ	·		
(2) Closely-held equity interests					
(3) Other					·
(A)					
(B) (C)		 			
(D)					
(E)		······································			
(F)		<u> </u>			
(G)		<u> </u>			
(H)		· · · · · · · · · · · · · · · · · · ·			
Total (Col. (b) must equal Form 990, Part X, col (B) line 12.)		<u> </u>			
Part VIII Investments - Program Related.				_	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990, Pa	art X, line 13		
(a) Description of investment	(b) Book value		uation Cost or end	l-of-year market v	alue
(1) DA DAVIDSON INVESTMENT					
(2) ACCOUNT	184,054.	END-OF-YE	AR MARKET	VALUE	
(3) RAYMOND JAMES INVESTMENT					
(4) ACCCOUNT	172,847.	END-OF-YE	AR MARKET	VALUE_	<u>.</u>
(5)					
(6)					
(7)					
(8)					
(9)					
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.)	356,901.				
Part IX Other Assets.					
Complete if the organization answered "Yes"		11d See Form 990, Pa	art X, line 15	(I) Deeless	- L
	Description			(b) Book va	alue
					
(2)					
(3)					
(4)					
(5)			-		
(6)		 		 -	
(7)		 			
(8)	· · ·				
(9)		 		 	
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	9 15.1			.	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 9	90, Part X, line 25		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					İ
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	≥ 25.)				
Liability for uncertain tax positions in Part XIII, provide		the organization's fina	ıncıal statements th	nat reports the	
organization's liability for uncertain tax positions under		-			KIII 🔲
			Sch	edule D (Form 9	90) 2017

Schedule D (Form 990) 2017 SOUTH EVERETT MUKILTE		1896 _{Page} 4
Part XI Reconciliation of Revenue per Audited Financial	Statements With Revenue per Return.	
Complete if the organization answered "Yes" on Form 990, Part	V, line 12a	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		·
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		·
a Investment expenses not included on Form 990, Part VIII, fine 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial	Statements With Expenses per Return	
Complete if the organization answered "Yes" on Form 990, Part I		 -
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
· · · · · · · · · · · · · · · · · · ·		
c Add lines 4a and 4b	4c	
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. II.		
c Add lines 4a and 4b		
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. II.	ne 18.)5	2, Part XI,
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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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Inspection

Name of the organization							ntification number
SOUTH EVERETT MUKILTEO ROTARY FOUNDATION 91-1971896						896	
	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part						
Indicate whether the organization rais a	e Solicitat	tion of tion of	non-g gover	overnment grants nment grants			
2 a Did the organization have a written of	art VII) or entity in connection with pividuals or entities (fundraisers) pursua	ofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) fundr have con or con contribi	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
List all states in which the organization or licensing	on is registered or licensed to solicit o	ontrib	utions	or has been notified	ıt ıs e	exempt from re	gistration
							· · · · · · · · · · · · · · · · · · ·
							*** * * *******************************

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 SOUTH EVERETT MUKILTEO ROTARY FOUNDATION 91-1971896 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events ${ t GOLF}$ NONE (add col (a) through AUCTION TOURNAMENT col (c)) (event type) (event type) (total number) 171,385. 27,355. 198,740. Gross receipts <u>43,650</u> <u>43,650.</u> 2 Less Contributions 127,735. 27,355. 155,090. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 40,863 12,274 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) [Partill] Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs Other direct expenses % Yes Yes 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2017

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Schedule G'(Form 990 or 990 EZ) 2017 SOUTH EVERETT MUKILTEO ROTARY FOUNDATION 91-	<u> 1971896</u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No 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?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in	1 1	
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶		
Name >		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No 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		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part 1, line 2b, columns (iii) and (v), and Part III,	ines 9, 9b, 10	b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information. See instructions		
	<u> </u>	
		

Schedule G	(Form 990 or 9 Suppleme	90-EZ)	SOUTH	EVERETT	MUKILTEO	ROTARY	FOUNDATION	91-1971896	Page 4
Part IV	Suppleme	ntal Inforn	nation _{(co}	ntinued)					
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information.

SOITH FIVE	Сят.ттяти ттявауя нтпов	THEO ROTARY	FOUNDATION	N			91-1971896
Part General Information on Grants and Assistance	nd Assistance						1
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	
criteria used to award the grants or assistance?	stance?						Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of	cedures for monit	oring the use of grant f	grant funds in the United States	States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	anization answered "\	res" on Form 990, Part	t IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if	55,000 Part II can	be duplicated if addition	additional space is needed	þe			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HANDS FOR PEACEMAKING FOUNDATION							HANDS FOR PEACEMAKING WORKS THROUGH A MYRIAD OF
PO BOX 964							
EVERETT, WA 98206	91-1510814	501(C)(3)	10,000.	0.			INCREASING THE QUALITY OF
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	nd government org	janizations listed in the table	e line 1 table				1.
4	, see the Instructi IV FOR CO	r Form 990 N (H)	DESCRIPTIONS				Schedule I (Form 990) (2017)

91-1971896

Schedule I (Form 990) (2017) SOUTH EVERETT MUKILTEO ROTARY FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

(f) Description of noncash assistance										
(e) Method of valuation (book, FMV, appraisal, other)				dditional information		FOUNDATION	THROUGH	HEALTH, AND		
(d) Amount of non- cash assistance				in Part I, line 2, Part III, column (b), and any other additional information			PEACEMAKING WORKS	OF LIFE, H		
(c) Amount of cash grant	į			ne 2, Part III, column		FOR PEACEMAKING	FOR PEACEM?	THE QUALITY		
(b) Number of recipients						HANDS	HANDS	ING		
(a) Type of grant or assistance	,			Part IV Supplemental Information. Provide the information required	PART II, LINE 1, COLUMN (H):	NAME OF ORGANIZATION OR GOVERNMENT:	(H) PURPOSE OF GRANT OR ASSISTANCE:	A MYRIAD OF PROJECTS AIMED AT INCREAS	EDUCATION FOR GUATEMALA'S POOR.	

Schedule I (Form 990) (2017)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Name of the organization

SOUTH EVERETT MUKILTEO ROTARY FOUNDATION

Employer identification number 91-1971896

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ARTS
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FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS MADE AVAILABLE TO ALL BOARD MEMBERS FOR THEIR REVIEW. THE
RETURN IS THEN SIGNED BY THE PRESIDENT.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION MAINTAINS ITS DOCUMENTS AT ITS HOME OFFICE. THE
ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE WEBSITE.
INTERNAL POLICIES AND FINANCIAL RECORDS ARE AVAIALABLE UPON REQUEST.
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)