Form	990-EZ	
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# **Short Form**

OMB No. 1545-1150

2017

Open to Public

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

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

Inspection Department of the Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20 01/01 12/31 17 C Name of organization B Check if applicable: D Employer identification number Address change Lake Union Rotary Foundation 90-0847480 Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 117 E Louisa St Ste 548 206-352-0600 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number **>** Seattle, WA, 98102 Application pending Other (specify) **G** Accounting Method: Cash Accrual **H** Check **>**  $\Box$  if the organization is **not** I Website: ▶ required to attach Schedule B www.lakeunionrotary.org (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - 🔽 501(c)(3) └ 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) or 527 **K** Form of organization: Corporation Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 136,579 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I ~ 1 1 122,602 2 Program service revenue including government fees and contracts 2 0 . . . 3 3 0 . . 4 4 Investment income 177 5a Gross amount from sale of assets other than inventory 5a 0 h Less: cost or other basis and sales expenses . . . . . . . . . . . . 5b 0 С Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than а Revenue 6a 0 b Gross income from fundraising events (not including \$ 29,990 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b 13,800 Less: direct expenses from gaming and fundraising events . . . 6c 9,181 С Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract d line 6c) . . . . . . . . . . . . . . . . . . . 6d 4,619 7a Gross sales of inventory, less returns and allowances . . . . . 7a 0 7b h 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c С . 0 8 8 0 9 9 127,398 10 Grants and similar amounts paid (list in Schedule O) . . 10 109,669 11 Benefits paid to or for members . . . . . . . . . 11 0 12 Salaries, other compensation, and employee benefits . . . . . . 12 0 Expenses 13 Professional fees and other payments to independent contractors . . . . . 13 20,290 14 Occupancy, rent, utilities, and maintenance . . . . . . . . . . . . 14 0 15 Printing, publications, postage, and shipping . . . . . . . . . . . . . . . . . . 15 2,503 16 16 0 17 17 132,462 18 18 -5,064 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 48,461 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . 20 27,883 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 71,280 . . . . .

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2017)

Form	990-EZ (2017)					Page <b>2</b>
Ра	rt II Balance Sheets (see the instructions f	•				
	Check if the organization used Schedule	O to respond to an				🗹
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			116,674		106,741
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25				116,674		106,741
26		· · · · · · ·		68,213		35,461
27 Par	Net assets or fund balances (line 27 of column	<u> </u>	,	48,461	27	71,280
Fai	t III Statement of Program Service Accom Check if the organization used Schedule					Expenses
	t is the organization's primary exempt purpose?	See Schedule O, Sta	• •		(Re	quired for section
						(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise month of the service of the ser	anner, describe the			- U	anizations; optional for ers.)
28	Purchase of high quality water filtration systems to		n water for 18 eleme	ntary schools		
20	in Adis Ababa Ethiopia. Members of Lake Union Rota		· · · · · · · · · · · · · · · · · · ·	*		
	(Continued on Schedule O, Statement 2)		yeriy systems onsi			
	(Grants \$ 68,141) If this amount	includes foreign gra	ints check here		28a	a 0
29	Paddleboard Building program. In conjunction with t				200	
20	provided with stipends and on-the-water experience					
	the maritime industry.		training to prepare i			
	(Grants \$ 1,149) If this amount	includes foreign gra	ints. check here	► 🗆	29a	a 0
30	Emergency winter clothing was provided for the Orio					
	neighborhood. Volunteers spent time at the shelter t					
	sleeping bags.					
	(Grants \$ 7,862) If this amount	includes foreign gra	ints, check here .	► 🗌	30a	a 0
31	Other program services (describe in Schedule O)					
	(Grants \$ 14,339) If this amount			🕨 🗌	31a	a 0
32	Total program service expenses (add lines 28a t				32	0
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar			• •	[]
	(a) Name and title	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		) Estimated amount of other compensation
And	rew Bennett	1	0		0	0
Pres	ident					
Lynr	ne Hoskins	1	0		0	0
Secr	etary					
Isab	ella McPeak	5	0		0	0
Trea	surer					
Loui	s Babich	0	0		0	0
Forn	ner Secretary					
		-				
		-				
		-				
		-				
					_	
		1				
					+	
		1				
		1				
		1				

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ie	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions       37a       0         Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved        38b         Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:         section 4911 ►       0       ; section 4912 ►       0       ; section 4955 ►       0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line         40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► WA			
42a		206-43		2
h	Located at ► 117 E Louisa St Ste 548, Seattle, WA 98102 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	981	Yes	No
5	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	165	<b>v</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ►	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		<i>v</i>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		~

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						Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of		1 0				~
Part	VI Section 501(c)(3) organizations	s only			1		
	All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and complete the	tables f	or line	es
	50 and 51.						
	Check if the organization used Sc	hedule O to respond	to any question in th	nis Part VI			
	-	· · ·				Yes	No
47	Did the organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect during the t	ax		
	year? If "Yes," complete Schedule C, Par	tll			47		~
48	Is the organization a school as described in	n section 170(b)(1)(A)(ii	)? If "Yes," complete S	Schedule E	48		~
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	ation?	49a		~
b	If "Yes," was the related organization a se	ection 527 organizatio	n?		49b		
50	Complete this table for the organization's	five highest compens	sated employees (oth	er than officers, directo	rs, trustee	es, an	d key
	employees) who each received more than	n \$100,000 of comper	nsation from the orgar	nization. If there is none	e, enter "N	lone."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		

(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other compensation
None				

f Total number of other employees paid over \$100,000 . . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		-	
		-	
		-	
		-	
		-	
d	Total number of other independent contractors each receiving	over \$100,000 ►	
52	Did the organization complete Schedule A? Note: All se completed Schedule A		

Under penalties of perjury, I declare 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 complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Isabella McPeak, Treasurer			Date				
	Type or print name and title							
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN		
Use Only	Firm's name			Firm's	s EIN ►			
	Firm's address ►			Phone no.				
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions							

SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2017 Open to Public

Inspection

Name	of the	organization	
name	or the	organization	

Department of the Treasury Internal Revenue Service

Employer identification number

Lake Unior	n Rotary Foundation		90-0847480
Part I	Reason for Public Charity	Y Status (All organizations must complete this particular the state of the state	art.) See instructions.

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). 1
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 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 а 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.
  - 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, С 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) d 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. Type III. е 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). α

(i) Name of supported organization	<ul> <li>(ii) Name of supported organization</li> <li>(ii) EIN</li> <li>(iii) Type of organization</li> <li>(described on lines 1–1 above (see instructions)</li> </ul>		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

3

4

5

6

Section B. Total

0

0

571,013

571,013

	l <b>ule for Organiza</b> if you checked th			• • •			•
Part III. If the or	ganization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
Section A. Public Support	t						
Calendar year (or fiscal year	beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
membership fees red	`						
include any "unusual g	rants.")	28,039	247,367	60,968	112,037	122,602	571,013
2 Tax revenues lev	/ied for the						

Tax revenues levied for the organization's benefit and either paid					
to or expended on its behalf	0	0	0	0	
The value of services or facilities furnished by a governmental unit to the					
organization without charge	0	0	0	0	
Total. Add lines 1 through 3	28,039	247,367	60,968	112,037	122,602
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).					
Public support. Subtract line 5 from line 4					
on B. Total Support					

Calendar year (or fiscal year beginning in) ► (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 . . . . . . 122,602 28.039 247,367 60,968 112,037 571,013 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 0 0 1 177 178 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 11 **Total support.** Add lines 7 through 10 571,191 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and **stop here** ~ Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % 14 15 15 % 16a 33<sup>1</sup>/<sub>3</sub>% support test-2017. If the organization did not check the box on line 13, and line 14 is 33<sup>1</sup>/<sub>3</sub>% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization h 33<sup>1</sup>/<sub>3</sub>% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33<sup>1</sup>/<sub>3</sub>% or more, check 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 17a 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported h 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions 

## 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 qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
-	Add lines 7a and 7b						
с 8	Public support. (Subtract line 7c from						
0	line 6.)						
Sacti	on B. Total Support	Ĺ					
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(a) 2013	<b>(b)</b> 2014	(0) 2013	(u) 2010	(e) 2017	(1) 101ai
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
<b>b</b>	-						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
-	· · ·	i					
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
40	ξ,						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
44	<b>First five years.</b> If the Form 990 is for the		a'a firat aaaan	d third fourth			= 501(a)(2)
14	organization, check this box and <b>stop he</b>	0	•				( )( )
Socti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8	-		3 column (fl)		15	%
16	Public support percentage for 2017 (inter Public support percentage from 2016 Sch						%
	on D. Computation of Investment In					10	70
<u>3ecu</u> 17	Investment income percentage for 2017 (			v line 13 colu	mn (f))	17	%
17	Investment income percentage for 2017 ( Investment income percentage from 2016			-		18	<u>%</u>
18 19a	33 <sup>1</sup> / <sub>3</sub> % support tests – 2017. If the organ						
198	17 is not more than $33^{1}/_{3}$ %, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests – 2016. If the organiz	-	-	-		-	
u	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l						
20		_	-	-			
20	Private foundation. If the organization di	и пот спеск а	box on line 14	, 198, OF 190, 0	SHECK THIS DOX	and see instr	uctions 🕨 🗋

## 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 A. All Supporting 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?
- 6 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

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

# Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11a b A family member of a person described in (a) above? 11b 11c c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Yes Yes Yes

- 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.
- 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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

# Section C. Type II Supporting Organizations

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).

# Section D. All Type III Supporting Organizations

- Yes No
   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?
   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
- the organization maintained a close and continuous working relationship with the supported organization(s).
  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

supported organizations played in this regard.

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a 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 that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

1

2

2

3

2a

2b

3a

3b

Yes No

Page 5

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

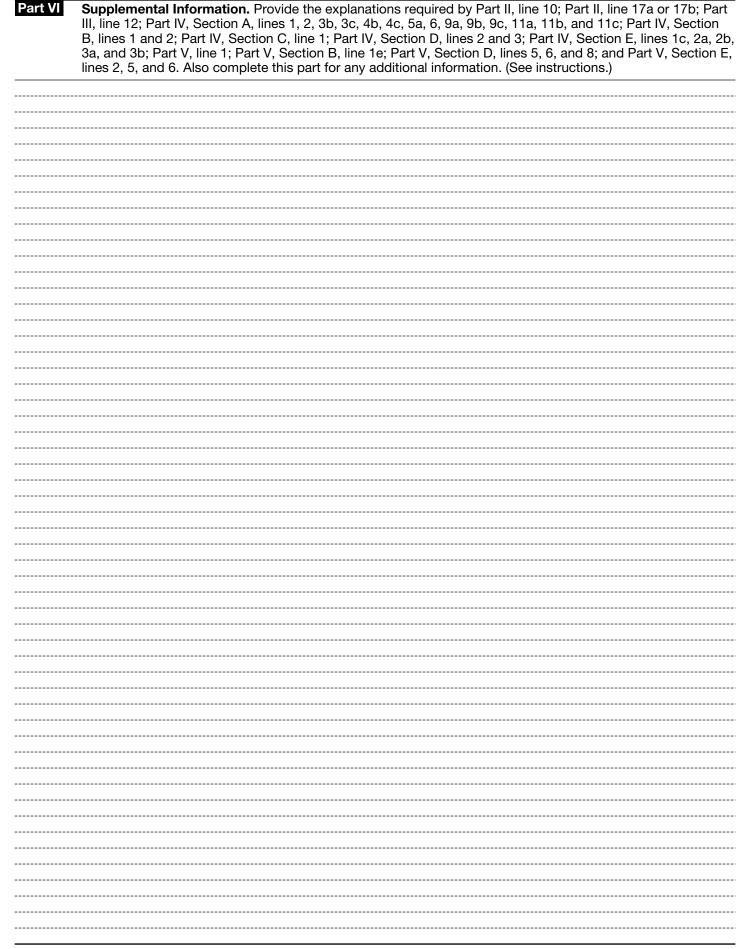
tegrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	t on Nov. 20, 1970 (explai	n in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	ons must complete Sectio	ns A through E.
		(B) Current Year

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check have if the summer user is the summination's first as a new functional	- المعالية		las superinsting (

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

	le A (Form 990 or 990-E2) 2017			Page
Part		b) Supporting Organi	zations (continued)	Current Veer
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
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			
4	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2017 distributions of phot years			
c	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2018</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
<u>с</u>	Excess from 2015			
	Excess from 2016			
~	Excess from 2017			



	990 or 990-EZ) Complete	if the organization a	inswered "Yes	" on Form 990	aising or Gaming 0, Part IV, line 17, 18, 0		OMB No. 1545-0047
			tered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.				Open to Public
nternal	Revenue Service	Go to www	v.irs.gov/Form	990 for the la	test instructions.	<b>Franksvar</b> idantiji	Inspection
	Union Rotary Foundation					Employer identifi	.0847480
Par		s. Complete if t	he organiza	ation ansv	vered "Yes" on F		
i ai	Form 990-EZ filers are	•	•			onn ooo, r arriv,	
1	Indicate whether the organiza				owing activities. C	heck all that apply.	
а	Mail solicitations		e	Solicitati	ion of non-govern	ment grants	
b	Internet and email solicitat	ions	f	] Solicitati	ion of government	grants	
С	Phone solicitations		g 🗌	Special 1	fundraising events	i	
d	In-person solicitations						
2a	Did the organization have a w						<u> </u>
	or key employees listed in For		-		•	•	
b	If "Yes," list the 10 highest pa compensated at least \$5,000			uraisers) pu	arsuant to agreem	ents under which tr	le iunoraiser is to b
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No		0011 (1)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				•			

Part II 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.

		gross receipts greater the	. ,			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Anniversary Celebration			(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. (c))
Ine						
Revenue	1	Gross receipts	43,790			43,790
Вe						
	2	Less: Contributions	29,990			29,990
	3	Gross income (line 1 minus				
		line 2)	13,800			13,800
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
SS	-					
nse	6	Rent/facility costs	3,120			3,120
Direct Expenses	7	Food and bayerages	4.704			4 704
Ê	1	Food and beverages	4,721		0	4,721
rec	8	Entertainment	0		0	0
ā	0		0		0	0
	9	Other direct expenses .	1.340			1,340
	•		1,040			
	10	Direct expense summary. A	9,181			
	11	Net income summary. Subtr	4,619			
Pa	rt III					
		than \$15,000 on Form 9				-1
<i>a</i>			,	(b) Pull tabs/instant		(d) Total gaming (add

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Reve	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
irect E	4	Rent/facility costs						
	5	Other direct expenses .						
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	│			
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)     .     .    .				
	8	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
-	<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> <li>b If "No," explain:</li> </ul>							
	<ul> <li>Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .</li></ul>							

\_\_\_\_\_

Schedu	ile G (Form 990 or 990-EZ) 2017 Page <b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers?
13 a b 14	Indicate the percentage of gaming activity conducted in:         The organization's facility       13a         An outside facility       13a         Moutside facility       13b         Moutside facility       13b
	Name ►
	Address ►
	revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ 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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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	

(Form 990 or 990-EZ)	Complete to provide information for responses to specific questio Form 990 or 990-EZ or to provide any additional information.	<sup>ns on</sup> 20 <b>17</b>
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	Open to Public Inspection
Name of the organization		Employer identification number
Lake Union Rotary Fou	undation	90-0847480
	ne 10 - All grants and donations went to domestic non-profit organizations	
Form 990-EZ, Part I, Li	ne 20 - Happy Hour for Good Funds Passthrough	
Form 990-EZ, Part II, L	ine 26 - Restricted Grant funds	

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

SCHEDULE O

(Form 990 or 990-EZ)

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

OMB No. 1545-0047

Form: Form 990-EZ (2017)

Page: 2

# Lake Union Rotary Foundation

EIN: 90-0847480

Part III

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

Lake Union Rotary Foundation support projects related to clean water, hygiene, education, health and at risk youth in alignment with Rotary International

#### Schedule O, Statement 2

Form: Form 990-EZ (2017)

Page: 2

#### First Program Service Accomplishments Description

Part III, Line 28

#### Description

schools and start of associated hygiene training program. Year 3 of grant program in conjunction with Seattle NGO Splash.

#### Schedule O, Statement 3

Form: Form 990-EZ (2017)

Page: 2

#### Other Program Service Accomplishments

Lake Union Rotary Foundation

EIN: 90-0847480

Part III, Line 31

Other Program Service Accomplishments			
Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
NW Seaport. At risk youths enjoyed an on the water experience on the historic tug boat Arthur Foss on Puget Sound. Hands on instructions in boat repair and maintenance were provided	6,598		0
Rotary First Harvest a Rotary District 5030 project to provide fresh fruits and vegetables to local food banks in Western Washington	2,428		0
Skihawks Racing Team was supported to help athletes with disabilities to go to Special Olympics.	2,163		0
Alpha Supported Living Services received support for providing support services for young adults with developmental disabilities in King County.	1,650		0
Jazz Night School was supported to provide people of all ages and abilities the opportunity to come together to learn, perform, and enjoy jazz.	1,500		0
Total:			0