|      | 000_E7 |  |
|------|--------|--|
| Form | JJU-ET |  |

# Short Form

OMB No. 1545-1150

2018

**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 2018 calendar year, or tax year beginning , 2018, and ending , 20 01/01 12/31 18 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 Other Trust 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 173,666 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 Contributions, gifts, grants, and similar amounts received . . . . . . . . . . . . . . 1 173.330 2 Program service revenue including government fees and contracts 2 0 3 3 0 4 4 Investment income 336 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 \$ 0 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 0 Less: direct expenses from gaming and fundraising events . . . 6c 0 С Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract d line 6c) . . . . . . . . . . . . . . . . . . . 6d 0 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 9 173,666 10 Grants and similar amounts paid (list in Schedule O) . 10 166,821 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 12,904 14 Occupancy, rent, utilities, and maintenance . . . . . . . . . . . . 14 0 15 Printing, publications, postage, and shipping . . . . . . . . . . . . 15 965 16 16 0 17 17 180,690 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . 18 18 -7,024 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 71,280 20 Other changes in net assets or fund balances (explain in Schedule O). See Schedule O, Statemer 20 -9,270 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 54,986 . . . . . . Form 990-EZ (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I

|      | 990-EZ (2018) <b>Balance Sheets</b> (see the instructions f  | or Part II)   |   |   |             | Page <b>2</b>                                    |
|------|--|---|---|---|-------------|--|
| I a  | Check if the organization used Schedule  |   | av auestion in this   | Part II   |             | V  |
|      | Check in the organization used Ochedule  |   |   | (A) Beginning of year   | • •         | (B) End of year                                  |
| 22   | Cash, savings, and investments   |   |   | 106,741   | 22          | 97,881   |
| 23   | Land and buildings   |   |   |   | 23          | 0  |
| 24   | Other assets (describe in Schedule O)  |   |   |   | 24          | 0  |
| 25   | Total assets   |   |   | 106,741   |             | 97,881   |
| 26   | Total liabilities (describe in Schedule O) See Sc  | hedule O. Statement.  | 2   | 35,461  |             | 42,895   |
| 27   | Net assets or fund balances (line 27 of column   |   |   | 71,280  |             | 54,986   |
| Par  |  | plishments (see th  | e instructions for F  | Part III)   |             | Expenses   |
| Wha  |  | See Schedule O, Sta   | • •   |   |             | quired for section                               |
| Desc | ribe the organization's program service accomplis  | shments for each of   | f its three largest p   |   | orga        | (c)(3) and 501(c)(4)<br>anizations; optional for |
|      | neasured by expenses. In a clear and concise m<br>ons benefited, and other relevant information for ea |   | e services provided   | , the number of   | othe        | ers.)  |
| 28   | Purchase and construction of sanitation systems an   |   |   |   |             |  |
|      | Ethiopia. Members of Lake Union Rotary visited Ethi<br>(Continued on Schedule O, Statement 4)          | opia to verify system                                       | s onsite, selection of  | f schools and   |             |  |
|      | (Grants \$ 113,992) If this amount   | includes foreign gra  | nts, check here .   | 🕨 🔲   | 28a         | 113,992  |
| 29   | Encouraging at risk youth to build confidence by get   | <b>*</b>  |   |   |             |  |
|      | Wooden Boats. On-the-water experiences as well as  | job skills training we                                      | re provided for 10+ y   | oung people.  |             |  |
|      | (Grants \$ 3,483) If this amount   |   |   |   | <b>2</b> 9a | a 3,483  |
| 30   | YouthCare works to end youth homelessness and to   |   |   |   |             |  |
|      | and empowered to achieve their potential. Volunteer  | s regularly spend tim                                       | e at one of the shelte  | ers to prepare  |             |  |
|      | meals and hand out emergency supplies.   |   |   |   |             |  |
|      | (Grants \$ 4,628) If this amount   |   |   |   | 30a         | 4,628  |
| 31   | Other program services (describe in Schedule O)  |   |   |   |             |  |
| ~~   | (Grants \$ 38,653) If this amount  | includes foreign gra  | ints, check here .  | <u> ▶ []</u>  | 31a         |  |
| -    | Total program service expenses (add lines 28a t  |   |   |   | 32          |  |
| Par  | t IV List of Officers, Directors, Trustees, and Key<br>Check if the organization used Schedule         |   | ny question in this   | Part IV   | stru        | ctions for Part IV)                              |
|      | (a) Name and title   | <b>(b)</b> Average<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC)<br>(if not paid, enter -0-) | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation |             | Estimated amount of other compensation           |
|      | ene Lipitz   | 1.00  | 0   |   | 0           | 0  |
|      | ident  |   |   |   | _           |  |
|      | n Ramsay<br>etary  | 1.00  | 0   |   | 0           | 0  |
| -    | ella McPeak  | 4.00  | 0   |   | 0           | 0  |
|      | surer  | 4.00  |   |   |             |  |
|      |  |   |   |   |             |  |
|      |  |   |   |   |             |  |
|      |  |   |   |   |             |  |
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|      |  |   |   |   | _           |  |
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|      |  |   |   |   |             |  |
|      |  |   |   |   | +           |  |
|      |  |   |   |   |             |  |

| Form 99           | 90-EZ (2018)   |            | Р     | age 3    |
|-------------------|--|------------|-------|----------|
| Part              | V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this   |            | ν.    |          |
| 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<br>c            | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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<br>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<br>b          | Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0<br>Did the organization file <b>Form 1120-POL</b> 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        |       | V        |
| b<br>39<br>a<br>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       39a         Gross receipts, included on line 9, for public use of club facilities       39b                      |            |       |          |
| 40a               | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 $\triangleright$   |            |       |          |
| 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        |       | v        |
| c<br>d            | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed<br>on organization managers or disqualified persons during the year under sections 4912,<br>4955, and 4958   |            |       |          |
| 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               | The organization's books are in care of ► Isabella McPeak Telephone no. ►  | 206-43     | 7-687 | 2        |
| h                 | Located at ► 117 E Louisa St Ste 548, Seattle, WA 98102 ZIP + 4 ►<br>At any time during the calendar year, did the organization have an interest in or a signature or other authority over   | 981        | 102   |          |
| D                 | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country  | 42b        | Yes   | No<br>V  |
|                   | 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? .<br>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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year  | • •        | .     |          |
| 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<br>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  | 44b        |       | ~        |
| c<br>d            | Did the organization receive any payments for indoor tanning services during the year?   | 44c<br>44d |       | <i>v</i> |
| 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        |       | V        |

|      | 90-EZ (2018)                                  |                           |                        |                             |         | Ye |
|------|---|---------------------------|------------------------|-----------------------------|---------|----|
|      | B.1.0   |                           |                        |                             |         | T  |
| 46   | Did the organization engage, directly or ir   |                           | 1 0                    |                             |         |    |
|      | to candidates for public office? If "Yes," of | complete Schedule C,      | Part I                 |                             | 46      |    |
| Part | VI Section 501(c)(3) Organizations            | s Only                    |                        |                             |         |    |
|      | All section 501(c)(3) organization            | is must answer que        | stions 47–49b and      | 52, and complete the tak    | oles f  | or |
|      | 50 and 51.                                    |                           |                        | , I                         |         |    |
|      | Check if the organization used Sci            | hadula () to respond      | to any question in t   | this Part VI                |         |    |
|      | Check in the organization used oc             |                           |                        |                             | • •     | N  |
| 47   | Did the examination engage in lebbuing        | activitian or have a r    | eation E01(b) alastic  | an in offect during the tax |         | +  |
| 47   | Did the organization engage in lobbying       |                           |                        | 5                           |         |    |
|      | year? If "Yes," complete Schedule C, Par      | τπ                        |                        |                             | 47      |    |
| 48   | Is the organization a school as described in  | n section 170(b)(1)(A)(ii | )? If "Yes," complete  | Schedule E                  | 48      |    |
| 49a  | Did the organization make any transfers t     | o an exempt non-cha       | ritable related organi | zation?                     | 49a     |    |
| b    | If "Yes," was the related organization a se   | ection 527 organizatio    | n?                     |                             | 49b     |    |
| 50   | Complete this table for the organization's    |                           |                        |                             | ruste   | es |
|      | employees) who each received more than        |                           |                        |                             |         |    |
|      |   |                           |                        | (d) Health benefits,        |         | _  |
|      |   | (b) Average               | (c) Reportable         |                             | stimate | he |
|      | (a) Name and title of each employee           | hours per week            | compensation           |                             | Sumate  |    |

| (a) Name and title of each employee | <b>(b)</b> Average<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC) | (d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred<br>compensation | (e) Estimated amount of other compensation |
|-------------------------------------|---|---|--|--|
| None                                |   |   |  |  |
|                                     |   |   |  |  |
|                                     |   |   |  |  |
|                                     |   |   |  |  |
|                                     |   |   |  |  |

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

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." 51

|      | (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  |                     |                  |
|      | penalties of perjury, I declare that I have examined this return, including accompan<br>rrect, and complete. Declaration of preparer (other than officer) is based on all info |                     |                  |

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

V

No

~

~

~

Yes No

directors, trustees, and key is none, enter "None."

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.

OMB No. 1545-0047 **M 4 Q**

| 20      | 10     |
|---------|--------|
| Open to | Public |
| Inspe   | ction  |

| Depar  | tment of th | ne Treasury | $\blacktriangleright$ Attach to Form 990 or Form 990-EZ.  |   | Open to Public         |
|--------|-------------|-------------|---|---|------------------------|
|        | al Revenue  |             | Go to www.irs.gov/Form990 for instructions and the latest inform  | ation.                                  | Inspection             |
| Name   | e of the o  | rganization |   | Employer identification                 | on number              |
| Lake   | Union       | Rotary Fou  |   |   | 847480                 |
| Pa     |             |             | for Public Charity Status (All organizations must complete this p   | ,                                       | ons.                   |
| The    | -           |             | t a private foundation because it is: (For lines 1 through 12, check only or  |   |                        |
| 1      |             |             | nvention of churches, or association of churches described in section 17  |   |                        |
| 2      |             |             | cribed in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-E  |   |                        |
| 3      |             |             | a cooperative hospital service organization described in section 170(b)(1   |   |                        |
| 4      |             |             | search organization operated in conjunction with a hospital described in <b>s</b>   | ection 170(b)(1)(A                      | )(iii). Enter the      |
| _      |             | -           | me, city, and state:  |   |                        |
| 5      |             |             | ion operated for the benefit of a college or university owned or operate<br>(b)(1)(A)(iv). (Complete Part II.)  | ed by a governmen                       | ital unit described in |
| 6      |             |             |   | (4)(A)(.)                               |                        |
| 6<br>7 |             |             | ate, or local government or governmental unit described in <b>section 170(b)</b><br>ion that normally receives a substantial part of its support from a gover |   | m the general public   |
| •      |             |             | section 170(b)(1)(A)(vi). (Complete Part II.)   |   | in the general public  |
| 8      |             |             | v trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  |   |                        |
| 9      | _           | -           | al 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 nan  |   |                        |
|        |             | versity:    |   |   |                        |
| 10     | An          | organizat   | ion that normally receives: (1) more than 331/3% of its support from contril  | outions, membersh                       | ip fees, and gross     |
|        | sui         | port from   | n activities related to its exempt functions—subject to certain exceptions,<br>gross investment income and unrelated business taxable income (less se         | ection 511 tax) from                    | n businesses           |
|        | aco         | quired by t | the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Pa  | art III.)                               |                        |
|        |             | •           | ion organized and operated exclusively to test for public safety. See <b>sect</b> i   |   |                        |
| 12     |             |             | on organized and operated exclusively for the benefit of, to perform the fu   |   |                        |
|        |             |             | pre publicly supported organizations described in section 509(a)(1) or se   |   |                        |
|        | _           |             | ox in lines 12a through 12d that describes the type of supporting organization  | -                                       | -                      |
| а      |             |             | supporting organization operated, supervised, or controlled by its supported organization(s) the power to regularly appoint or elect a majority of t          | • |                        |
|        |             |             | ing organization. You must complete Part IV, Sections A and B.  | The directors of trus                   | lees of the            |
| b      |             |             | A supporting organization supervised or controlled in connection with its s   | upported organizat                      | tion(c) by baying      |
| N      |             |             | r management of the supporting organization vested in the same persons  |   |                        |
|        |             |             | ion(s). You must complete Part IV, Sections A and C.  |   |                        |
| c      | :           | •           | unctionally integrated. A supporting organization operated in connection  | n with, and function                    | ally integrated with,  |
|        |             | its suppo   | rted organization(s) (see instructions). You must complete Part IV, Secti   | ons A, D, and E.                        |                        |
| d      | I 🗌         |             | non-functionally integrated. A supporting organization operated in connection   |   |                        |
|        |             |             | t functionally integrated. The organization generally must satisfy a distribution   |   | nd an attentiveness    |
|        |             | requirem    | ent (see instructions). You must complete Part IV, Sections A and D, ar   | nd 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

Provide the following information about the supported organization(s). g

| (i) Name of supported organization | supported organization (ii) EIN (iii) Type of organiz<br>(described on lines<br>above (see instruct |  | (iv) Is the organization<br>listed in your governing |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|---|--|--|----|---|---|
|                                    |   |  | Yes  | No |   |   |
| (A)                                |   |  |  |    |   |   |
| (B)                                |   |  |  |    |   |   |
| (C)                                |   |  |  |    |   |   |
| (D)                                |   |  |  |    |   |   |
| (E)                                |   |  |  |    |   |   |
| Total                              |   |  |  |    |   |   |

15,191

701,449

716,640

514

0

717,154

(f) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any "unusual grants.") . . . 247,367 60,968 112,037 122,602 173,666 716,640 2 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 3 furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 Total. Add lines 1 through 3. 4 247,367 60,968 112,037 122,602 173,666 716,640 The portion of total contributions by 5

(a) 2014

247,367

0

0

each person (other than a governmental unit publicly or 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 6

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

- 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . .
- Net income from unrelated business 9 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.) . . . . . . .
- Total support. Add lines 7 through 10 11

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 

**(b)** 2015

60,968

1

0

(c) 2016

112,037

(d) 2017

122,602

177

12

(e) 2018

173,666

336

Section C. Computation of Public Support Percentage

| 14  | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))                                     | 14               | 97.81               | %        |
|-----|--|------------------|---------------------|----------|
| 15  | Public support percentage from 2017 Schedule A, Part II, line 14   | 15               | 99.97               | %        |
| 16a | 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33                          | <sup>1</sup> /3% | or more, check this | ;        |
|     | box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                  |                  | 🕨                   | ~        |
| b   | 33 <sup>1</sup> / <sub>3</sub> % support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 | is 331           | l/₃% or more, check | <u> </u> |
|     | this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                             |                  | 🕨                   |          |

- 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported
- 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line h 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 supported organization
- Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

## 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) 🕨   | (a) 2014      | (b) 2015        | (c) 2016                                | (d) 2017       | <b>(e)</b> 2018 | (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>b</b>     |  |               |                 |   |                |                 |           |
| 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  |               |                 |   |                |                 | _         |
| 8            | <b>Public support.</b> (Subtract line 7c from  |               |                 |   |                |                 |           |
| <u>Conti</u> | line 6.)   |               |                 |   |                |                 |           |
|              |  | (a) 2014      | (b) 0015        | (a) 0016                                | (4) 0017       | (a) 0010        | (f) Total |
|              | dar year (or fiscal year beginning in)   | (a) 2014      | <b>(b)</b> 2015 | (c) 2016                                | (d) 2017       | <b>(e)</b> 2018 | (f) Total |
| 9            | Amounts from line 6  |               |                 |   |                |                 |           |
| 10a          | Gross income from interest, dividends,   |               |                 |   |                |                 |           |
|              | payments received on securities loans, rents, royalties, and income from similar sources.  |               |                 |   |                |                 |           |
|              | -  |               |                 |   |                |                 |           |
| b            | Unrelated business taxable income (less  |               |                 |   |                |                 |           |
|              | section 511 taxes) from businesses acquired after June 30, 1975                            |               |                 |   |                |                 |           |
|              | •  |               |                 |   |                |                 |           |
| С            | Add lines 10a and 10b  |               |                 |   |                |                 |           |
| 11           | Net income from unrelated business   |               |                 |   |                |                 |           |
|              | activities not included in line 10b, whether   |               |                 |   |                |                 |           |
|              | or not the business is regularly carried on  |               |                 |   |                |                 |           |
| 12           | Other income. Do not include gain or   |               |                 |   |                |                 |           |
|              | loss from the sale of capital assets   |               |                 |   |                |                 |           |
|              | (Explain in Part VI.)  |               |                 |   |                |                 |           |
| 13           | Total support. (Add lines 9, 10c, 11,  |               |                 |   |                |                 |           |
|              | and 12.)   | ·             |                 |   |                |                 |           |
| 14           | First five years. If the Form 990 is for the   | -             |                 |   | · ·            |                 |           |
| <u></u>      | organization, check this box and <b>stop he</b>  |               |                 |   |                |                 | 🕨         |
|              | on C. Computation of Public Suppor   | •             |                 | 10 1 (0)                                |                |                 | 0/        |
| 15           | Public support percentage for 2018 (line   |               |                 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                | 15              | %         |
| <u>16</u>    | Public support percentage from 2017 Scl  |               |                 |   |                | 16              | %         |
| -            | on D. Computation of Investment In   |               | -               |   | (6)            | 47              |           |
| 17           | Investment income percentage for 2018 (  |               |                 | -                                       |                | 17              | %         |
| 18           | Investment income percentage from <b>201</b>   |               |                 |   |                | 18              | %         |
| 19a          | $33^{1}/_{3}\%$ support tests - 2018. If the organ   |               |                 |   |                |                 |           |
|              | 17 is not more than $33^{1}/_{3}$ %, check this box  | -             | -               | -                                       |                | -               |           |
| b            | <b>331</b> /3% <b>support tests</b> -2017. If the organiz                                  |               |                 |   |                |                 |           |
| •••          | line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this                      | _             | -               | -                                       |                |                 |           |
| _20          | Private foundation. If the organization di   | d not check a | box on line 14  | , 19a, or 19b, o                        | check this box | and see ins     | tructions |

## 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 (as 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

## 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 |
|---|--|---|-----|----|
| 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2 |     |    |
| 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 <b>Part VI</b> 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.

Schedule A (Form 990 or 990-EZ) 2018

Yes No

1

3

2a

2b

3a

3b

Yes No

...

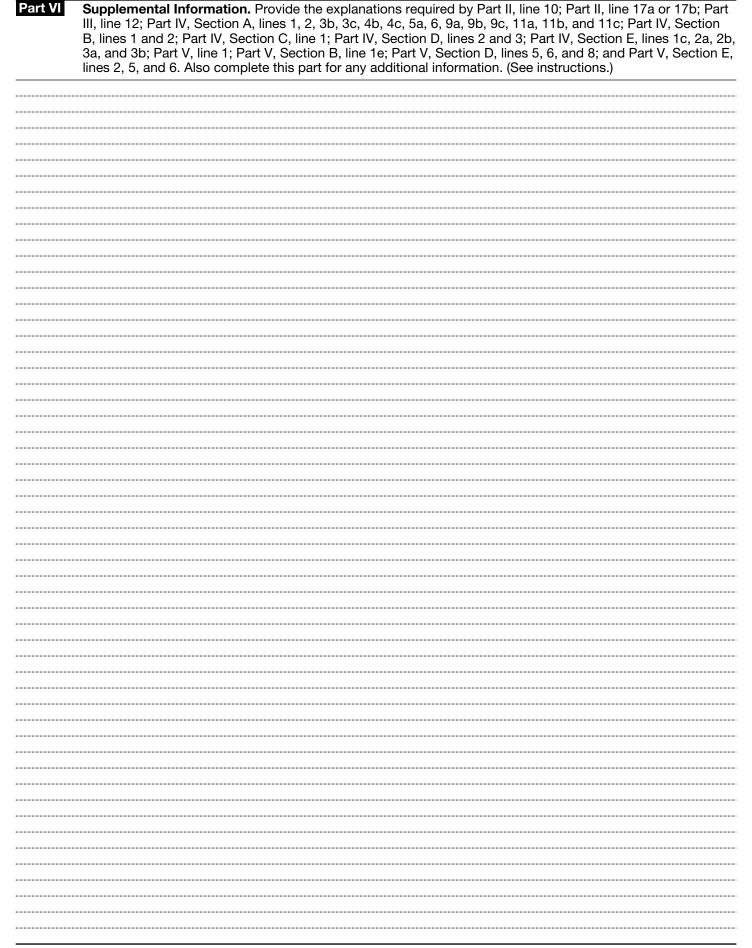
#### Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

1 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.

| Section A-Adjusted Net Income   |    | (A) Prior Year | (B) Current Year<br>(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<br>(optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see          |    |                |                                |
| instructions for short tax year or assets held for part of year):               |    |                |                                |
| a Average monthly value of securities   | 1a |                |                                |
| b Average monthly cash balances   | 1b |                |                                |
| c Fair market value of other non-exempt-use assets                              | 1c |                |                                |
| d Total (add lines 1a, 1b, and 1c)  | 1d |                |                                |
| e Discount claimed for blockage or other  |    |                |                                |
| factors (explain in detail in <b>Part VI</b> ):                                 |    |                |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                  | 2  |                |                                |
| <b>3</b> 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  |                |                                |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A) | 3  |                |                                |
| 4 Enter greater of line 2 or line 3.  | 4  |                |                                |
| 5 Income tax imposed in prior year  | 5  |                |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to          |    |                |                                |
| emergency temporary reduction (see instructions).                               | 6  |                |                                |
|   |    |                |                                |

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

| Part | <ul> <li>A (Form 990 or 990-EZ) 2018</li> <li>Type III Non-Functionally Integrated 509(a)(3)</li> </ul>  | 3) Supporting Organi        | zations (continued)                    | Page                                      |
|------|--|-----------------------------|--|---|
|      | on D-Distributions   | /                           |  | Current Year                              |
| - 1  | Amounts paid to supported organizations to accomplish  | avampt purpaga              |  |   |
| 1    |  |                             |  |   |
| 2    | Amounts paid to perform activity that directly furthers exe<br>organizations, in excess of income from activity  | empt purposes of suppo      | ortea                                  |   |
| 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 <b>Part VI</b> ). See instructions.   |                             |  |   |
| 7    | <b>Total annual distributions.</b> Add lines 1 through 6.  |                             |  |   |
| 8    | Distributions to attentive supported organizations to whic   | h the organization is res   | ponsive                                |   |
| •    | (provide details in <b>Part VI</b> ). See instructions.  |                             |  |   |
| 9    | Distributable amount for 2018 from Section C, line 6   |                             |  |   |
| 10   | Line 8 amount divided by line 9 amount   |                             |  |   |
| Sect | on E—Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1    | Distributable amount for 2018 from Section C, line 6   |                             |  |   |
| 2    | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| 3    | Excess distributions carryover, if any, to 2018  |                             |  |   |
| а    | From 2013  |                             |  |   |
| b    | From 2014  |                             |  |   |
| С    | From 2015  |                             |  |   |
| d    | From 2016  |                             |  |   |
| е    | From 2017  |                             |  |   |
| f    | Total of lines 3a through e  |                             |  |   |
| g    | Applied to underdistributions of prior years   |                             |  |   |
| h    | Applied to 2018 distributable amount   |                             |  |   |
| i    | Carryover from 2013 not applied (see instructions)   |                             |  |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| 4    | Distributions for 2018 from<br>Section D, line 7: \$   |                             |  |   |
| а    | Applied to underdistributions of prior years   |                             |  |   |
| b    | Applied to 2018 distributable amount   |                             |  |   |
| С    | Remainder. Subtract lines 4a and 4b from 4.  |                             |  |   |
| 5    | Remaining underdistributions for years prior to 2018, if<br>any. Subtract lines 3g and 4a from line 2. For result<br>greater than zero, explain in <b>Part VI.</b> See instructions. |                             |  |   |
| 6    | Remaining underdistributions for 2018. 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 2019.</b> Add lines 3j and 4c.  |                             |  |   |
| 8    | Breakdown of line 7:   |                             |  |   |
| а    | Excess from 2014   |                             |  |   |
| b    | Excess from 2015   |                             |  |   |
| С    | Excess from 2016   |                             |  |   |
| d    | Excess from 2017   |                             |  |   |
| е    | Excess from 2018   |                             |  |   |



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.



| Name of the organization  | Employer identification number |
|---|--------------------------------|
| Lake Union Rotary Foundation  | 90-0847480                     |
| Form 990-EZ, Part I, Line 10 - Lake Union Rotary Foundation supports projects related to clean water, |                                |
|   | nygiene, education, nearth and |
| at-risk youth in alignment with Rotary International.   |                                |
|   |                                |
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| Schedule O, Statement 1                       | Lake Union Rotary Foundation |
|---|------------------------------|
| Form: Form 990-EZ (2018)                      | EIN: <b>90-0847480</b>       |
| Page: 2                                       | Part I, Line 20              |
| Other Changes In Net Assets Structured Explan | nation                       |
| Description                                   | Amount                       |
| Additional Grant funds distributed            | -9,270                       |

-9,270

Total:

| Schedule O, Statement 2  | Lake Union Rotary Foundation |
|--------------------------|------------------------------|
| Form: Form 990-EZ (2018) | EIN: <b>90-0847480</b>       |
| Page: <b>2</b>           | Part II, Line 26             |
| Other Liabilities Str    | uctured Explanation          |
| Description              | EOY Amount                   |
| Grants Payable           | 42,895                       |

42,895

Total:

Form: Form 990-EZ (2018)

Page: 2

### **Primary Exempt Purpose**

EIN: 90-0847480

Part III

## **Primary Exempt Purpose**

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

### Schedule O, Statement 4

Form: Form 990-EZ (2018)

Page: 2

## First Program Service Accomplishments Description

Part III, Line 28

### Description

materials purchased. Third grant program in conjunction with Seattle NGO Splash. This grant was an expansion of previous project that provided clean water filtration systems and hygiene training for the same elementary schools.

## Schedule O, Statement 5

Form: Form 990-EZ (2018)

Page: 2

Lake Union Rotary Foundation

EIN: 90-0847480

## Part III, Line 31

Other Program Service Accomplishments

| Description   | Grants And<br>Allocations | Includes<br>Foreign<br>Grants | Program<br>Service<br>Expenses |
|---|---------------------------|-------------------------------|--------------------------------|
| Innocence Project Northwest provides legal and investigative services to Washington prisoners seeking to prove their innocence. Through education and advocacy, IPNW works to prevent future wrongful convictions and encourage support for exonerees as they rebuild their lives in freedom.   | 6,838                     |                               | 6,838                          |
| Rotary First Harvest, a Rotary District 5030 project, was supported to relieve hunger by providing fresh fruits and vegetables to local food banks in Western Washington  | 3,031                     |                               | 3,031                          |
| Alpha Supported Living Services received support for providing support services for young adults with developmental disabilities in King County. Special bicycles for the bike bash were included as part of an express grant.  | 2,595                     |                               | 2,595                          |
| Choices inspires teens to make positive choices about school and staying school. CHOICES empowers teens to achieve academic success in pursuit of their career and life aspirations. In two 45-minute sessions held right in 8th grade classrooms during the school day, business and community volunteers serve as positive adult role models for students, taking them through a series of fast-paced real world exercises on the realities of life after school, the connections between school and work, and how to apply decision making, goal setting, academic self-discipline and time management skills to their lives. 9330 middle school students in King County, WA benefited from the grant for Choices. | 12,750                    |                               | 12,750                         |
| The Rotary Foundation supports projects that are sustainable and focus on clean water and sanitation,<br>maternal health, peace, fighting disease, support for education and growing local economies. Lake Union<br>Rotary Foundation contributed to several global grants through TRF. The majority of the funds went to A<br>Drop of Milk project sponsored by Vashon Rotary. Modeled after successful projects in Israel, NGO TAG is<br>working in Myanmar to improve infant mortality rates through training and critical equipment for midwives.   | 13,439                    |                               | 13,439                         |
|   |                           |                               | 20.652                         |

Total:

38,653