TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2024

PREPARED FOR:

BELLEVUE ROTARY FOUNDATION P.O. BOX 523 BELLEVUE, WA 98009

PREPARED BY:

CLARK NUBER PS 10900 NE 4TH ST STE 1400 BELLEVUE, WA 98004

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2025

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	JUL 1	. 2023, and ending	JUN 30	. 20 2 4

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN BELLEVUE ROTARY FOUNDATION 91-1501333 Name and title of officer or person subject to tax TOM KNOLLMANN PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) Form 1120-POL check here 3a 3b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) Form 8868 check here 5a 5b **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes of financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | I authorize CLARK NUBER PS 01333 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 91494094016 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. CAROLYN B. FJELSTAD 04/07/25 ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. JUL 1 and ending A For the 2023 calendar year, or tax year beginning C Name of organization Check if applicable: D Employer identification number Address change BELLEVUE ROTARY FOUNDATION Name change 91-1501333 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 425-998-7542 P.O. BOX 523 326,018. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return BELLEVUE, WA 98009 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TOM KNOLLMANN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.BELLEVUEROTARY.ORG/FOUNDATION H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1990 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: TO FUND VARIOUS CHARITABLE AND Activities & Governance EDUCATIONAL ORGANIZATIONS AND ACTIVITIES WITHIN THE GREATER EASTSIDE if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 145 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 199,649 229,119. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 24,043 38,356. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -18,590 -34,059. 11 205 102 233 416. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 139,839 110,561. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 52,339. 59,663. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 192,178. 170,224. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,924. 63,192. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,127,023 1,360,637. Total assets (Part X, line 16)

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	Signature of office	cer			Date			
Here	TOM KNOLLMAN	IN, PRESIDENT						
	Type or print nan	ne and title						
	Print/Type prepar	rer's name	Preparer's signature	Check	F	PTIN		
Paid	CAROLYN B. F	JELSTAD	CAROLYN B. FJELSTAD	04/07/25	self-em	ployed P02	161439	
Preparer	Firm's name	CLARK NUBER PS			Firm's EIN	91-119	4016	
Use Only	Firm's address	10900 NE 4TH ST STE 1400						
		BELLEVUE, WA 98004			Phone no.43	25-454-4	919	
May the II	RS discuss this r	eturn with the preparer shown abo	ove? See instructions			Х	Yes	□ No

70,831.

1,289,806.

99,671.

1,027,352.

21 Total liabilities (Part X, line 26)

Part II | Signature Block

三年

Net assets or fund balances. Subtract line 21 from line 20

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO FUND VARIOUS CHARITABLE AND EDUCATIONAL ORGANIZATIONS AND	
	ACTIVITIES WITHIN THE GREATER EASTSIDE OF LAKE WASHINGTON AND	
	INTERNATIONAL SERVICE PROJECT GRANTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	МО
_	If "Yes," describe these new services on Schedule O.	NI -
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	ИО
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 79,981. including grants of \$ 69,031.) (Revenue \$	
4a	COMMUNITY GRANTS PROGRAM:	— [′]
	PROVIDE DONATIONS AND FUNDING TO VARIOUS CHARITIES AND EDUCATIONAL	
	ORGANIZATIONS PROVIDING SERVICES TO RESIDENTS PRIMARILY ON THE GREATER	
	EASTSIDE OF LAKE WASHINGTON. THE FOUNDATION HAS CONTRIBUTED SIGNIFICANT	
	DOLLARS AND COUNTLESS VOLUNTEER HOURS TO ORGANIZATIONS IN THE BELLEVUE	
	COMMUNITY SINCE IT WAS ESTABLISHED IN 1990.	
	IN FY24, THE BELLEVUE ROTARY FOUNDATION CONTRIBUTED \$66,204 TO 18	
	DIFFERENT ORGANIZATIONS AND \$2,827 WAS DIRECTED TOWARDS THE FAMILY	
	FESTIVAL SUPPORT PROJECT.	
4b	(Code:) (Expenses \$)
	WORLD COMMUNITY SERVICE:	
	THE FOUNDATION ALSO PARTICIPATES IN A BROAD RANGE OF HUMANITARIAN,	
	INTERCULTURAL AND EDUCATIONAL ACTIVITIES DESIGNED TO IMPROVE THE HUMAN	
	CONDITION. HUMANITARIAN GRANTS SUPPORT PROJECTS THAT PROVIDE HEALTH	
	CARE AND MEDICAL SUPPLIES, CLEAN WATER, FOOD, JOB TRAINING, YOUTH	_
	DEVELOPMENT, AND EDUCATION TO MILLIONS OF PEOPLE IN NEED, PARTICULARLY	
	IN THE DEVELOPING WORLD.	
	THE FOUNDATION ALSO PROVIDES NUMEROUS GRANTS EACH YEAR TO FUND THE WORK	
	OF ROTARY CLUB OF BELLEVUE VOLUNTEERS, WHO TRAVEL TO PARTS OF THE WORLD WHERE THEIR TECHNICAL EXPERTISE AND KNOWLEDGE ARE MOST NEEDED TO	
	ALLEVIATE HARDSHIP AND SOLVE PROBLEMS.	
40	(Code:) (Expenses \$ 5,000. including grants of \$ 5,000.) (Revenue \$	
4c	DURING FY21 THE FOUNDATION ALSO ADDED A NEW ENDOWMENT AND SCHOLARSHIP	— [′]
	PROGRAM. THE CASEY HAWKES MEMORIAL FUND PROVIDES AN ANNUAL SCHOLARSHIP	
	TO THE BELLEVUE HIGH SCHOOL IN MEMORY OF A FORMER STUDENT, CASEY	
	HAWKES.	
		_
		_
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 121,511.	

Form 990 (2023) BELLEVUE ROTARY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		,,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			
0	, ,	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		<u> </u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41.	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Α	
15		15	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form 990 (2023) Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لہ	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			.,
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			N ₂
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2023)

BELLEVUE ROTARY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 91-1501333

		,		Yes	<u>No</u>
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
			3a		Х
	, , , , , , , , , , , , , , , , , , , ,		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Λ
D	If "Yes," enter the name of the foreign country	(ED A D)			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	`	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi		- Ou		
~	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services prov	vided to the payor?	7a	х	
	the state of the s		7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	, , , , , , , , , , , , , , , , , , , ,		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
а	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.		100.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

BELLEVUE ROTARY FOUNDATION Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

 X Own website
 Another's website
 Upon request
 Other (explain on Schedule O)

 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records TARA LYSTAD - 425-998-7542
P.O. BOX 523, BELLEVUE, WA 98009

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do	not c	Pos heck ss pe	c) itior more rson i		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer P	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JEMAL IDRIS	3.00									
PRESIDENT	3.00	Х		Х				0.	0.	0.
(2) MATT CAMRUD	3.00									
PAST PRESIDENT	3.00	Х		Х				0.	0.	0.
(3) TOM KNOLLMANN	3.00									
PRESIDENT ELECT	3.00	Х		Х		_		0.	0.	0.
(4) JOHN BALDWIN	3.00									
VICE PRESIDENT	3.00	Х		Х				0.	0.	0.
(5) PI-SHUANG CHRISTINE CHI	3.00									
TREASURER	3.00	Х		Х				0.	0.	0.
(6) KATHLEEN STEELE	3.00									
SECRETARY	3.00	Х		Х				0.	0.	0.
(7) CATHY KIMBALL	3.00									
SERGEANT-AT-ARMS	3.00	Х		Х				0.	0.	0.
(8) JEFFREY VAN GOGH	3.00									
DIRECTOR	3.00	Х						0.	0.	0.
(9) REGINA GLENN	3.00									
DIRECTOR	3.00	х						0.	0.	0.
(10) CELIA MORANT	3.00									
DIRECTOR	3.00	Х						0.	0.	0.
(11) GARRETT HYMAN	3.00									
DIRECTOR	3.00	х						0.	0.	0.
(12) PAUL LWALI	3.00									
DIRECTOR	3.00	х						0.	0.	0.
(13) ARMEN STEIN	3.00									
DIRECTOR	3.00	Х						0.	0.	0.
						L	L			
		_				_	_			

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	(A) Name and title	(B) Average hours per week	box	not c , unles cer an	ss per	ition more son is	than o	an an	(D) Reportable compensation from	(E) Reportable compensation from related	۱		(F) stimate nount other	of
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)		fr org an	pensa rom th janizat d relat anizati	ation ne tion ted
		line)	Indi	Inst	Officer	Key	High	Forr						
	Subtotal								0.		0.			0.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A							0.		0.			0.
2	Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			V	0
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								hest compensated emp	loyee on		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t			4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors	•				-			•	dual for services		5		Х
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ntra	acto	s th	nat received more than §	5100,000 of compe	ensat	ion fro	om	
	the organization. Report compensation for (A)											(0		
	Name and business	address	NO	NE					Description of s	ervices	С	ompe	nsatio	'n
								-						

91-1501333

Form 990 (2023)

Part VIII Statement of Revenue

			Check if Schedule O co	ontains	a respor	ise (or note to any lin	e in this Part VIII			
							_	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lanetion revenue	business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
ran		b									
ē, Ē		С	Fundraising events		1c		163,390.				
ifts ar A		d			1						
s, G		е	Government grants (contrib		1e						
Sign			All other contributions, gifts, g		d T						
the			similar amounts not included a				65,729.				
ÖŢ		g	Noncash contributions included in lir	nes 1a-1f	1g \$		50,072.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					229,119.			
							Business Code				
g)	2	а									
Ş		b									
Se		С									
an		d									
Program Service Revenue		е									
P.		f	All other program service re	evenue							
		g	Total. Add lines 2a-2f								
	3		Investment income (including	ng divid	ends, in	tere	st, and				
			other similar amounts)					37,652.			37,652.
	4		Income from investment of	tax-exe	mpt bor	nd p	roceeds				
	5		Royalties								
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of	(i)	Securiti	es	(ii) Other				
			assets other than inventory	7a	7	04.					
		b	Less: cost or other basis								
ē			and sales expenses	7b		0.					
len		С		7с	7	04.					
ther Revenue			Net gain or (loss)					704.			704.
ē	8		Gross income from fundraising								
₹			including \$16	63,390	• of						
			contributions reported on li	ine 1c).	See						
			Part IV, line 18			8a	47,908.				
		b				8b	92,602.				
		С	Net income or (loss) from fu	undraisii	ng even	ts		-44,694.			-44,694.
	9	а	Gross income from gaming	activitie	es. See						
			Part IV, line 19			9a	2,632.				
		b	Less: direct expenses			9b	0.				
		С	Net income or (loss) from g	aming a	ctivities			2,632.			2,632.
	10	а	Gross sales of inventory, le	ss retur	ns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from sa	ales of i	nventor	/					
_o							Business Code				
e go	11	а	BAM ICE CREAM			_	900099	7,475.			7,475.
Miscellaneous Revenue		b	REIMBURSEMENTS			_	900099	528.			528.
eve		С				_					
Misc		d	All other revenue								
		е	Total. Add lines 11a-11d					8,003.			
	12		Total revenue. See instruction	ns				233,416.	0.	0.	4,297.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX	1	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	69,031.	69,031.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	5,000.	5,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	36,530.	36,530.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	36,435.		36,435.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,667.		4,667.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	6,482.		6,482.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM & PROJECT	6,185.	6,185.		
b	COGS - ICE CREAM SALES	4,765.	4,765.		
С	BAD DEBT	472.		472.	
d					
е	All other expenses	657.		657.	
25	Total functional expenses. Add lines 1 through 24e	170,224.	121,511.	48,713.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00004	1 12-21-23		· 		Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

1 Cash - non-interest-bearing			Check if Schedule O contains a response or no	ote to any line in this Part X			
2 Savings and temporary cash investments 3 1,208,534, 3 2 1,208,534, 3 3 Pledges and grants receivable, net 1,546, 4 3,224, 5 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 5 Controlled entity or family member of any of these persons 5 5 Controlled entity or family member of any of these persons 5 5 Controlled entity or family member of any of these persons 5 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 6 Controlled entity or family member of any of these persons 6 Controlled entity or family member of any of these persons 6 Controlled entity or family member of any of these persons 7 Controlled entity or family member of any of these persons 7 Controlled entity or family member of any of these persons 7 Controlled entity or family member of any of these persons 7 Controlled entity or family member of any of these persons 7 Controlled entity or family member of any of these persons 7 Controlled entity or family member of any of these persons 7 Controlled entity or family member of any of these persons 2 Controlled entity or family member of any of these persons 2 Controlled entity or family member of any of these persons 2 Controlled entity or family member of any of these persons 2 Controlled entity or family member of any of these persons 2 Controlled entity or family member of any of these persons 2 Controlled entity or family member of any of these persons 2 Controlled entity or family member of any of these persons 2 Controlled entity or family member of a					(A)		(B)
Savings and temporary cash investments		1	Cash - non-interest-bearing		252,492.	1	148,879.
3 Pledges and grants receivable, net 3 3 3 3 3 3 3 3 3		2			857,614.	2	1,208,534.
A Accounts receivable, net		3				3	
S Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons S		4			1,546.	4	3,224.
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 1, 127, 023, 16 1, 360, 637. 17 Accounts payable and accrued expenses 7, 572, 17 1, 775. 18 Grants payable and accrued expenses 91, 247, 18 66, 508. 19 Deferred revenue 19 Deferred revenue 20 Tax exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% or Other liabilities including federal income tax, payables to related third parties 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other laabilities not included on lines 17-24). Complete Part X of Schedule D 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Secured mortgages and notes payable to unrelated third parties 28 Net assets with found restrictions 30 Faich or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds		5					
Controlled entity or family member of any of these persons 5			•	' '			
Company Comp				·		5	
Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 7 7 7 7 8 8 8 9 7 7 8 8 9 7 7 8 8 9 7 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 8 9 7 8 9 7 8 9 7 8 9 9 7 8 9 7 9 9 9 9 9 9 9 9		6					
7 Notes and loans receivable, net 7 8 Inventiones for sale or use 8 Inventiones for sale or use 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 15,371, 9 0. 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10b 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 14 13 Investments - publicly traded securities 11 13 13 14 Intangible assets 14 15 15 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,127,023, 16 1,360,637. 17 Accounts payable and accrued expenses 7,572, 17 1,775. 18 Grants payable 91,247, 18 66,508. 19 Deferred revenue 91,247, 18 66,508. 19 Deferred revenue 92 19 20 Tax-exempt bond liabilities 20 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 Unsecured nortegages and notes payable to unrelated third parties 23 24 25 Other liabilities (including federal income tax, payables to related third parties 24 24 26 Total liabilities not included on lines 17.24). Complete Part X of Schedule D 29 20 20 20 20 20 20 20			•	, ,		6	
8	w	7		F			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c 11t 11t 11t 12t 11t 11t 12t 12t 12t 12t 12t 12t 12t 13t 11t 13t	set	_					
10a	As				15,371.		0.
b Less: accumulated depreciation 10a 10b 10c 11 10c 12 11 12 11 12 11 12 11 13 11 15 15 15 15 15					·		
Description				10a			
11 Investments - publicly traded securities 11 12 11 12 11 12 13 11 13 14 11 12 13 11 14 15 15 14 15 15 15		Ь				10c	
12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 15 15 15 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,127,023 16 1,360,637 17 Accounts payable and accrued expenses 7,572 17 1,775 18 Grants payable 91,247 18 66,508 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Tax-exempt bond liability 20 Tax-exempt bo							
13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,127,023 16 1,360,637 17 Accounts payable and accrued expenses 7,572 17 1,775 17 1,775 18 Grants payable 91,247 18 66,508 91,247 18 66,508 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Unsecured notes and loans payable to unrelated third parties 25 Unsecured notes and loans payable to unrelated third parties 27 Unsecured notes and loans payable to unrelated third parties 28 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 28 Unsecured notes and loans payable to unrelated third parties 28 Unsecured notes and loans payable to unrelated third parties 28 Unsecured notes and loans payable to unrelated third parties 28 Unsecured notes and loans payable to unrelated third parties 28 Unsecured notes and loans payable to unrelat							
14							
15 Other assets. See Part IV, line 11 15							
16 Total assets. Add lines 1 through 15 (must equal line 33)							
17					1 127 023.		1 360 637.
18 Grants payable 91,247. 18 66,508. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 852. 25 2,548. 26 Total liabilities. Add lines 17 through 25 99,671. 26 70,831. 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets without donor restrictions 460,464. 27 411,756. 29 Sorganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 1,027,352. 32 1,289,806. 32 Total net assets or fund balances 1,027,352. 32 1,289,806. 33 Total net assets or fund balances 1,027,352. 32 1,289,806.							, ,
Tax-exempt bond liabilities Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paich in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 1,027,352, 32 1,289,806.					· · · · · · · · · · · · · · · · · · ·		,
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 3 Secured mortgages and notes payable to unrelated third parties 23 4 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 85 Total liabilities. Add lines 17 through 25 99,671. 26 70,831. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Yet assets without donor restrictions 460,464. 27 411,756. Set and complete lines 29 through 33. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Organizations that on or follow FASB ASC 958, check here and complete lines 29 through 33. Paid-in or capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 1,027,352, 32 1,289,806.				, -		, -	
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Form **990** (2023)

Form	1990 (2023) BELLEVUE ROTARY FOUNDATION	91-15013	33	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		233,	416.
2	Total expenses (must equal Part IX, column (A), line 25)	2		170,	224.
3	Revenue less expenses. Subtract line 2 from line 1	3		63,	192.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	027,	352.
5	Net unrealized gains (losses) on investments	5		70,	392.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		_	118.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		128,	988.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	289,	806.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

BELLEVUE ROTARY FOUNDATION

Employer identification number

OMB No. 1545-0047

		BELLEV	UE ROTARY FOUND	ATION					91-1501333
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	orga	nization is not a private found							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6	Ш	A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general _l	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Щ	A community trust describe			•				
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor
		university:							
10		An organization that norma							
		activities related to its exen		•	` '				•
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Col	•			! F (20(-)(4)		
11	\equiv	An organization organized a	•	•	•				numacoo of one or
12	ш	An organization organized a	•	•	-			-	•
		more publicly supported or lines 12a through 12d that	~						Sheck the box on
	a [Type I. A supporting orga	* *					-	aivina
•	, _	the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-			
		organization. You must o			majority o	n the direc	tors or trustee	23 01 1110 30	аррогинд
	. [Type II. A supporting org			ion with its	s supporte	ed organization	n(s) by hav	vina
	_	control or management o	•				-		-
		organization(s). You mus						,	
		Type III functionally inte			in connect	tion with, a	and functionall	y integrate	ed with,
		its supported organization						, 0	,
	d [Type III non-functionally		•				ted organi:	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distri	ibution red	quirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
•	• 🗌	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.			
1		er the number of supported o	•						
9	g Pro	vide the following information			(iv) lo the ergs	nization listed	1		I (3)
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See III	31140110113)	Support (See Instructions)
_									
Tot	al								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	287,455.	434,332.	262,661.	199,649.	229,119.	1,413,216.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	287,455.	434,332.	262,661.	199,649.	229,119.	1,413,216.
	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)						152,804.
6	Public support. Subtract line 5 from line 4.						1,260,412.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	287,455.	434,332.	262,661.	199,649.	229,119.	1,413,216.
	Gross income from interest,	,	,	,	,	,	
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,323.	1,173.	23,171.	24,043.	37,652.	91,362.
9	Net income from unrelated business	,	, -	, -	, -	, -	
•	activities, whether or not the						
	business is regularly carried on	3,499.					3,499.
10	Other income. Do not include gain	,					-,
10	or loss from the sale of capital						
	·	6,701.			8,914.	8,003.	23,618.
44	assets (Explain in Part VI.)	0,701.			0,311.	0,000.	1,531,695.
	• • • • • • • • • • • • • • • • • • • •	oto (soo instructio	no)			12	1,331,033.
	Gross receipts from related activities, First 5 years. If the Form 990 is for th	•		ourth or fifth tay w	oar as a soction 50		
13	organization, check this box and stop						
Sec	etion C. Computation of Publi		centage				
	Public support percentage for 2023 (li			olumn (f))		14	82.29 %
	Public support percentage from 2022				ſ	15	82.52 %
	33 1/3% support test - 2023. If the co						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the co						
-	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	_	•				
~	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization				•		
				, ,		30056 406,0110	

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

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11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in 12b. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of officers, directors, or trustees at all times during the tax year? If Yes, "describe in PRT VI how the supported organizations officers, directors, and the power of the po		dule A (Form 990) 2023 BELLEVUE ROTARY FOUNDATION TIV Supporting Organizations (continued)	91-1501333	Pi	age 5
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The state of the s	а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

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.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
1							
	All other Type III non-functionally integrated supporting organizations mu		•				
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 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					
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-function	ally integrated	d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ed)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	<u> </u>	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
<u>b</u>	From 2019				
<u> </u>	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c. Breakdown of line 7:				
<u>8</u>	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 BELLEVUE ROTARY FOUNDATION	91-1501333	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	s 1 and 2; Part IV, Sectio rt V, Section B, line 1e; P	on C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
BAM ICE CREAM		
2019 AMOUNT: \$ 6,701.		
2022 AMOUNT: \$ 8,914.		
2023 AMOUNT: \$ 7,475.		
REIMBURSEMENTS		
2023 AMOUNT: \$ 528.		

Schedule B

(Form 990)

Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Schedule B (Form 990) (2023)

OMB No. 1545-0047

	91-1501333					
Organization type (ch	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	tion is covered by the General Rule or a Special Rule . 601(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General Rule						
	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling nany one contributor. Complete Parts I and II. See instructions for determining a contributor?					
Special Rules						
sections 509 contributor, c	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 100-EZ, line 1. Complete Parts I and II.	d that received from any one				
contributor, o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contribu is checked, e purpose. Dor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 9, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, e filing requirements of Schedule B (Form 990).	•				

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

Name of organization

Employer identification number

BELLEVUE ROTARY FOUNDATION

91-1501333

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARENA SPORTS 2115 NW POPLAR WAY ISSAQUAH, WA 98027	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FRED AUCH 17604 SE 60TH ST. BELLEVUE, WA 98006	\$5,492.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JAMES HOGUE 5460 CHAMPERY PLACE NW ISSAQUAH, WA 98027	\$6,897.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN LEE 4721 155TH PLACE SE BELLEVUE, WA 98006	\$\$2,972.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TOM KNOLLMANN 13917 252ND PLACE SE ISSAQUAH, WA 98027	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BELLEVUE ROTARY FOUNDATION

91-1501333

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED SECURITIES	_	
4		_	
		\$31,842.	12/20/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ [_]	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
		- _{&}	

Employer identification number

Name of organization

BELLEVUE ROTARY FOUNDATION 91-1501333 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Name of the organization

Employer identification number

BELLEVUE ROTARY FOUNDATION 91 - 1501333Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ______ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2023 BELLEVUE RO	TARY FOUNDATION				91-	1501333		Page 2
Par	t III Organizations Maintaining Co	ollections of Art, His	torical Tre	easures, o	r Other	Similar Ass	ets (con	tinued	1)
3	Using the organization's acquisition, accession	n, and other records, chec	k any of the	following that	t make sigi	nificant use of	its		
	collection items (check all that apply).		_						
а	Public exhibition	d	Loan or exc	hange progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain how t	hey further th	ne organizatio	on's exemp	ot purpose in P	art XIII.		
5	During the year, did the organization solicit or	receive donations of art, h	nistorical treas	sures, or othe	er similar a	ssets		_	
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		e organizatior	n answered "	Yes" on Fo	orm 990, Part l'	V, line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other intermediary fo	r contributior	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f						1f			
2a	Did the organization include an amount on Fo					/?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.							<u> </u>	
Par	t V Endowment Funds Complete if	the organization answered	"Yes" on For	m 990, Part	IV, line 10.				
		(a) Current year (b)	Prior year	(c) Two yea	rs back (d) Three years ba	ack (e) Fo	ur year	rs back
1a	Beginning of year balance	722,750.	642,438.	686	5,868.	239,23	33.	189	9,559.
b	Contributions	178,069.	31,507.	5 (0,936.	384,10	19.	46	6,851.
С	Net investment earnings, gains, and losses	92,644.	56,116.	-8!	5,289.	63,52	26.	2	2,823.
d	Grants or scholarships	30,000.	4,000.	10	0,077.				
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	1,359.	3,311.						
g	End of year balance	962,104.	722,750.	642	2,438.	686,86	58.	239	9,233.
2	Provide the estimated percentage of the curre	ent year end balance (line 1	Ig, column (a)) held as:					
а	Board designated or quasi-endowment	40.4840 %							
b	Permanent endowment 50.7780	%							
С	Term endowment 8.7360	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
3а	Are there endowment funds not in the posses	ssion of the organization th	at are held ar	nd administer	red for the				
	organization by:							Yes	
	(i) Unrelated organizations?						3a(i)	Х
)	Х
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as required on	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	I "Yes" on Form 990, Part	IV, line 11a. S	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or other		or other		cumulated	(d) Bo	ok val	.lue
		basis (investment)	basis	(other)	depr	reciation			

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (R))						

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 BELLEVUE ROTARY F	OUNDATION	9	1-1501333 Page
Part VII Investments - Other Securities			. 490
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11d See Form 990 Part X line 15	
	Description	e i i d. See i oi ii 990, i ai i X, iii e i 3.	(b) Book value
	Sesonption		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, column	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO ROTARY CLUB OF BELLEVUE			2,548
(3)			·
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

2,548.

(8) (9)

Part XI	Reconciliation of Revenue per Audited Financia	I Statements With Revenue	per Return	
(Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1 Total re	venue, gains, and other support per audited financial statemer	ıts	1	
2 Amount	ts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unre	ealized gains (losses) on investments	2a		
b Donated	d services and use of facilities	2b		
c Recover	ries of prior year grants	2c		
d Other (E	Describe in Part XIII.)	2d		
e Add line	es 2a through 2d		2e	
3 Subtrac	t line 2e from line 1		3	
	ts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (D	Describe in Part XIII.)	4b		
c Add line	es 4a and 4b		4c	
5 Total re	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 12.)	5	
Part XII	Reconciliation of Expenses per Audited Financi	al Statements With Expense	es per Return	
(Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1 Total ex	penses and losses per audited financial statements		1	
2 Amount	ts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated	d services and use of facilities	2a		
b Prior ye	ar adjustments	2b		
c Other lo	osses	2c		
d Other (E	Describe in Part XIII.)	2d		
e Add line	es 2a through 2d		2e	
3 Subtrac	t line 2e from line 1		3	
	ts included on Form 990, Part IX, line 25, but not on line 1:			
a Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (E	Describe in Part XIII.)	4b		
c Add line	es 4a and 4b		4c	
5 Total ex	penses. Add lines 3 and 4c. (This must equal Form 990, Part I	line 18.)	5	
Part XIII	Supplemental Information			
	escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1:		t v, iiile 4, i ait X, iiile 2, i ai	
PART V, LI	NE 4:			
NNUAL 4%	DISTRIBUTION TO BELLEVUE ROTARY FOUNDATION FOR	GRANTS.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

BELLEVUE ROTARY FOUNDATION 91-1501333 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SUB-SAHARAN AFRICA 0 0 GRANTMAKING N/A 12,000. CENTRAL AMERICA AND THE CARIBBEAN 0 0 GRANTMAKING N/A 13,000. 0 SOUTH ASIA 0 GRANTMAKING 1,600. N/A NORTH AMERICA 0 0 GRANTMAKING N/A 9,500. 0 0 36,100. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 36,100. and 3b)

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 BELLEVUE ROTARY FOUNDATION 91-1501333 Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SANITATION AND	10,000.	QUIDAV			
		BARBUDA, ARUBA,	HYGIENE PROJECT	10,000.	CHECK	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

³ Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if ac	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
Corporation (see the Instructions for Form 926)	Yes	X No
Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
Did the organization have an ownership interest in a foreign corporation during the tax year? f "Yes."		
the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
Was the examination a direct or indirect charabolder of a passive foreign investment company or a		
	Vec	X No
Fund (see the Instructions for Form 8621)	163	140
Did the organization have an ownership interest in a foreign partnership during the tax year? // "Yes,"		
the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) Pes Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865) Yes

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2023

Yes X No

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number BELLEVUE ROTARY FOUNDATION 91-1501333 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	irt I	of fundraising Events . Complete if the of fundraising event contributions and gr				
		or randratoring oront contributions and gr	(a) Event #1 GEARING UP GALA & AUCTION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	211,298.			211,298.
	2	Less: Contributions	163,390.			163,390.
	3	Gross income (line 1 minus line 2)	47,908.			47,908.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	17,431.			17,431.
ect Ex	7	Food and beverages	29,712.			29,712.
ā	8	Entertainment	24,965.			24,965.
	9	Other direct expenses				20,494.
	10					92,602.
	11	Net income summary. Subtract line 10 from I				-44,694.
Pa	rt	Gaming. Complete if the organization				•
		\$15,000 on Form 990-EZ, line 6a.				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	_1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes 9	% Yes%	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities: _			
		the organization licensed to conduct gaming a No," explain:				Yes No
		· ·				
		ere any of the organization's gaming licenses re			x year?	Yes No
b	lf "	Yes," explain:				

Sch	ledule G (Form 990) 2023 BELLEVUE ROTARY FOUNDATION 91-	120133	. 3	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	O No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	\square	Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D -	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	BELLEVUE ROTARY	FOUNDATION		91-1501333	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
BELLEVUE ROTAL							91-1501333
Part I General Information on Grants a							
1 Does the organization maintain records t							
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's pro					:ti		IV line Of few area
recipient that received more than \$					anization answered "Y	es" on Form 990, Part	iv, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BACKPACK MEALS FOR KIDS							
6947 COAL CREEK PKY SE							
NEWCASTLE, WA 98059	82-4296441	501(C)(3)	6,000.	0.			GENERAL PROGRAM SUPPORT
BRIDGE DISABILITY MINISTRIES 12356 NORTHUP WAY STE 120 BELLEVUE, WA 98005	91-1383241	501(C)(3)	2,500.	0.			MEYER MEDICAL EQUIPMENT CENTER PROJECT
HOME CARES 12015 67TH AVE NE ARLINGTON, WA 98223	86-1657289	501(C)(3)	2,500.	0.			SUPPORT PURCHASE OF TRANSIT VANS TO TRANSPORT MINI HORSES
HOPELINK PO BOX 3577 REDMOND, WA 98052	91-0982116	501(C)(3)	5,000.	0.			GENERAL PROGRAM SUPPORT
ISSAQUAH FOOD & CLOTHING BANK 179 FIRST AVE SE ISSAQUAH, WA 98027	91-1245499	501(C)(3)	5,000.	0.			GENERAL PROGRAM SUPPORT
JUBILEE REACH 14200 SE 13TH PL BELLEVUE, WA 98007	20-4074712	501(C)(3)	7,000.	0.			HOMELESS STUDENT HOLIDAY GIFT CARDS, GRANT REQUEST FOR EQUIPMENT PURCHASES
2 Enter total number of section 501(c)(3) at	- '		e line 1 table				12.
3 Enter total number of other organizations	s listed in the line	1 table					0.

Schedule I (Form 990) BELLEVUE ROTAR							91-1501333 Page 1
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KING COUNTY LIBRARY SYSTEM FOUNDATION - PO BOX 94157 - SEATTLE, WA 98124	91-1505230	501(C)(3)	5,000.	0.			BILL PTACEK ENDOWMENT FUND
LAKE WASHINGTON SYMPHONY ORCHESTRA 3209 EASTLAKE AVE E SEATTLE, WA 98102	45-4898098	501(C)(3)	5,000.	0.			TRANSPORTATION COSTS FOR EDUCATION CONCERT
OVERLAKE HOSPITAL FOUNDATION 1035 116TH AVENUE NE BELLEVUE, WA 98004	91-1050325	501(C)(3)	3,000.	0.			CLINIC PATIENT SAFETY NET
PACIFIC MODEL UNITED NATIONS 1404 28TH AVENUE COURT MILTON, WA 98354	47-1917341	501(C)(3)	2,000.	0.			SUPPORT FOR TRAVEL COSTS
SEATTLE HUMANE SOCIETY 13212 SE EASTGATE WAY BELLEVUE, WA 98005	91-0282060	501(C)(3)	5,000.	0.			TO SUPPORT THE SURGERY CENTER
SPLASHFORWARD 721 4TH AVENUE, #417 KIRKLAND, WA 98033	83-2629157	501(C)(3)	5,000.	0.			TO SUPPORT THE HIGH SCHOOL LIFEGUARD TRAINING PROGRAM
							1

Schedule I (Form 990) 2023 BELLEVUE ROTARY FOUNDATION 91-1501333 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
ALL GRANT APPLICANTS MUST GO THROUGH THE PROCESS OF	APPLICATION	WITH EITHER			
OUR COMMUNITY GRANTS COMMITTEE OR OUR WORLD COMMUNI	TY SERVICE C	OMMITTEE.			
THOSE TWO COMMITTEES REQUEST VARIOUS REPORTS FROM E	ACH POTENTIA	L GRANTEE			
AND THEN REVIEW AND PROPOSE THEIR LIST OF RECOMMEND	DED GRANTS TO	THE			
FOUNDATION'S BOARD OF DIRECTORS, WHICH HAS THE ULTI	MATE RESPONS	BILITY FOR			
APPROVING THE GRANTS. GRANT RECIPIENTS ARE ASKED T	O REPORT BAC	K ON THEIR			
USE OF THE FUNDS.					

Schedule I (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	BELLEVUE ROTARY FO	UNDATION			91	-150133	3	
Pai	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont	(d) f determin ribution ar	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	31,842.	FAIR MARKET VA	ALUE		
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17								
	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	<u> x</u>	68	10 220	EATO MADEEM 177	AT TIE		
25	Other (AUCTION ITEMS)		00	10,230.	FAIR MARKET V	TUE		
26	Other ()							
27	Other ()							
28	Other (L						
29	Number of Forms 8283 received by the organiz			1 1			0	
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement 29			0	Г
							Yes	No
30a	During the year, did the organization receive by	-		· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of			•				
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	•	•	•	ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					. 32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II							

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number**

BELLEVUE ROTARY FOUNDATION 91-1501333 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF LAKE WASHINGTON LOCATED IN WASHINGTON STATE. FORM 990, PART I, LINE 6: THE VOLUNTEERS REPRESENT THE ROTARY CLUB OF BELLEVUE MEMBERS WHO VOLUNTEER THEIR TIME AT FUNDRAISING EVENTS AND OTHER COMMUNITY/CHARITABLE EVENTS. IN ADDITION TO FOUNDATION BOARD MEMBERS WHO EACH VOLUNTEER MANY HOURS OF THEIR TIME TO SUPPORT THE FOUNDATION'S PURPOSES. THE NUMBER OF HOURS THOSE VOLUNTEERS SERVE APPROXIMATES 100 HOURS/YEAR PER VOLUNTEER (ON AVERAGE), WHICH INCLUDE MONTHLY BOARD MEETINGS AND OTHER TIME SPENT SUPPORTING THE ORGANIZATION. FORM 990. PART III. LINE 4B. PROGRAM SERVICE ACCOMPLISHMENTS: IN ADDITION. THE FOUNDATION BUILDS UNDERSTANDING THROUGH INTERNATIONAL SCHOLARSHIPS, EXCHANGE PROGRAMS AND HUMANITARIAN GRANTS, THE ROTARY CENTERS FOR INTERNATIONAL STUDIES IN PEACE AND CONFLICT RESOLUTION IS AN INNOVATIVE PROGRAM DESIGNED TO EDUCATE TOMORROW'S PEACEMAKERS FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA AND REVIEWED BY THE ENTIRE BOARD PRIOR TO FILING IT WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND IS REQUIRED TO BE REVIEWED ANNUALLY. THE CHAIR OF THE BOARD SHALL APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ANY POSSIBLE CONFLICTS AND

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** BELLEVUE ROTARY FOUNDATION 91-1501333 DETERMINE WHETHER THEY ARE AN ISSUE. IF A CONFLICT IS FOUND TO EXIST, THE INTERESTED PERSON MUST RECUSE THEMSELVES FROM ANY DISCUSSION OR VOTE ON THE MATTER. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: RETURN OF PRIOR YEAR GRANT FUNDS 128,988.

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BELLEVUE ROTARY FOUN	IDATION					91-1501333		
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		ts Direct contr		g
	_							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990	I D, Part IV, line 34, t	ecause it had one	or more	l related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
ROTARY CLUB OF BELLEVUE - 91-6054983 PO BOX 523								
BELLEVUE, WA 98009	SOCIAL WELFARE	WASHINGTON	501(C)(4)		N/A			х

	Idealification of Balakad Oppositations Taxable as a Banks making	Operation of the companionation and constraint	113/11		David IV 11:00	0.4 b	مصمالة:	
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" or	1 Form 990,	Part IV, III	ie 34, decause	it nad one d	or more related
Part III	organizations treated as a partnership during the tax year.							
	9							

	organization a career as a parameter agent care year.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of total income	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership	
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	<u></u> اد			
	1													
	1													
]													
]													
	1													
	1													
	1													
											1			
	1													
	1													
	l	l		l					l					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		couritry)						Yes	No

BELLEVUE ROTARY FOUNDATION 91-1501333 Schedule R (Form 990) 2023

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c		Х
				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1 j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х
Performance of services or membership or fundraising solicitations for related or				11		х
m Performance of services or membership or fundraising solicitations by related or	•			1m		х
n Sharing of facilities, equipment, mailing lists, or other assets with related organiz				1n		х
				10		х
p Reimbursement paid to related organization(s) for expenses				1p	х	
q Reimbursement paid by related organization(s) for expenses				1q	х	
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information or	n who must complete th	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
1)						
2)						
- /						
3)						
4)						
5)						
6)						
32163 09-28-23) 2023

Schedule R (Form 990) 2023 BELLEVUE ROTARY FOUNDATION 91-1501333 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispretion allocat	opor- late tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or laging ner?	Percentage ownership
			,	163 140			103	140	,	103	NO	
							\vdash					
							\Box					
							Н				-	
							Ш					
							Ш					