** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

<u>A I</u>	or th	e 2021 calendar year, or tax year beginning $$ JUL 1 , 2021 $$ and endi	ing J	UN 30, 2022			
В	Check if applicab	C Name of organization		D Employer identifi	cation number		
á	applicab	ACHIEVEMENT REWARDS FOR COLLEGE					
Г	Addre	SCIENTISTS SEATTLE CHAPTER					
	Name chang	Doing business as ARCS FOUNDATION SEATTLE		91-1042292			
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone numbe	 r		
	Final returr	4616 25TH AVE NE		206-335-			
	termi	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	675,786.			
	Amer	ded CEAMMIE WA 00105	ĺ	H(a) Is this a group return			
	Appli	F Name and address of principal officer: MARGARET MCGANN		for subordinates			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—		
<u> </u>	Гах-ех	empt status: \overline{X} 501(c)(3) $\overline{}$ 501(c) () $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$	527		list. See instructions		
		te: NTTP://WWWW.SEATTLEARCSFOUNDATION.ORG		H(c) Group exemption			
		,	L Year o		M State of legal domicile: WA		
	art I	Summary			<u> </u>		
	1	Briefly describe the organization's mission or most significant activities: SEE SCE	HEDUI	LE O			
Governance	-						
nar	2	Check this box if the organization discontinued its operations or disposed o	of more t	than 25% of its net ass	sets.		
Ver	3	Number of voting members of the governing body (Part VI, line 1a)			19		
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			19		
ფ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			4		
iŧie	6	Total number of volunteers (estimate if necessary)			19		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
ď	Ь	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		,		Prior Year	Current Year		
4	8	Contributions and grants (Part VIII, line 1h)		705,706.	675,516.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,658.	270.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-34,620.	-39,711.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		672,744.	636,075.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		486,250.	467,500.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		80,881.	82,505.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
pen	b	Total fundraising expenses (Part IX, column (D), line 25) 61,057.					
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		102,745.	137,332.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		669,876.	687,337.		
		Revenue less expenses. Subtract line 18 from line 12		2,868.	-51,262.		
Net Assets or	3		Bed	inning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		1,444,916.	1,330,137.		
Ass	21	Total liabilities (Part X, line 26)		940,000.	877,450.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		504,916.	452,687.		
Pa	art II	Signature Block	•	-			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of my	/ knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer h	has any knowledge.			
		MURGURET MIGUN		4/2	1/2023		
Sig	n	Signatuse40fe8Atise404		Date			
Hei		MARGARET MCGANN, PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		ate Check	PTIN		
Paid	i	ALLEN D. GILBERT ALLEN D. GILBERT	0	4/19/23 self-employ	P01380103		
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749		
	Only	Firm's address 10700 NORTHUP WAY, SUITE 200					
	-	BELLEVUE, WA 98004		Phone no. 42	5-250-6100		
Ma	y the I				X Yes No		

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Par	t III Statement of Program Service Ac	complishments		_
	Check if Schedule O contains a response or	note to any line in this Part III		X
1	Briefly describe the organization's mission:			
	SEE SCHEDULE O			
	Did the americation and atoles are similar and		inhon mak linkad an kha	
2	Did the organization undertake any significant prog			
				Yes X No
	If "Yes," describe these new services on Schedule $$			
3	Did the organization cease conducting, or make significant conducting and significant conducting significant conducting significant conducting significant conduction conducting signif	gnificant changes in how it cond	ucts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accom	plishments for each of its three	largest program services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are re	quired to report the amount of g	rants and allocations to others, the total	expenses, and
	revenue if any for each program service reported			
4a	(Code:) (Expenses \$ 521,1	03 • including grants of \$	467,500 •) (Revenue \$	0.)
	SEE SCHEDULE O) (Note that)	/
	DEE BEHEBOTE O			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			
Tu	,) (D	1
	(Expenses \$ including gra	521,103.) (Revenue \$)
4e	Total program service expenses	J41,1UJ•		
				Form 990 (2021)

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

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Part IV Checklist of Required Schedules

	·		V	NI.
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1		1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ů		
•	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			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	Ė		
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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, VII, 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	X	
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	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,			٦,
	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		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	L

132003 12-09-21

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SCIENTISTS SEATTLE CHAPTER 91-1042292 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 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 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Charle if Schodula O contains a response or note to any line in this Bart V

	Office in Schedule O contains a response of note to any line in this rait v						į
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	Х		

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ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER 91-1042292 Page **5** Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X d If "Yes." indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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 Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

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If "Yes," complete Form 6069

If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 19 **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. 19 **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 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 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? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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? Х 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? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 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? 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. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **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 Х 12c 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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? 16h 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 for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website 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 LISA SIMONSON - 206-335-7627 4616 25TH AVE NE, SEATTLE, 98105

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

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

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			sition k more than one			Reportable	Reportable	Estimated
	hours per	box	, unles	ss person is both an			n an	compensation	compensation	amount of
	week		cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JENNIFER HUCK ARNOLD	40.00	_	_		_					
DIRECTOR OF OPERATIONS		Х						84,260.	0.	0.
(2) MARGARET MCGANN	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) DIENA MANN	3.00									
VP/COMMUNICATIONS		Х		Х				0.	0.	0.
(4) ERIN MOYER	3.00									
VP/DEVELOPMENT		Х		Х				0.	0.	0.
(5) TINA NEIDERS	3.00									
VP/DEVELOPMENT		Х		Х				0.	0.	0.
(6) KRISTIN KENEFICK	3.00								_	_
VP/FINANCE		Х		Х				0.	0.	0.
(7) LAURA BAILEY	3.00								_	_
VP/MEMBERSHIP		Х		Х				0.	0.	0.
(8) ALDEN GARRETT	3.00									
VP/PROGRAMS		Х		Х				0.	0.	0.
(9) MARGARET BREEN	3.00									
VP/PROGRAMS		Х		Х				0.	0.	0.
(10) KITTI LILE	3.00									
VP/UNIVERSITY RELATIONS		Х		Х				0.	0.	0.
(11) RHEA COLER	3.00									
VP/UNIVERSITY RELATIONS		Х		Х				0.	0.	0.
(12) POLLY KENEFICK	1.00									
CORPORATE SECRETARY	2 00	Х		Х				0.	0.	0.
(13) ELIZABETH ZUMWALT	3.00									
VP/MEMBERSHIP	1 50	Х		Х				0.	0.	0.
(14) VALERIE VOSS	1.50	.,								
ADVISOR-AT-LARGE	2 00	Х						0.	0.	0.
(15) GAIL RANSOM	3.00	37							_	_
DIRECTOR/LONG-RANGE PLANNI	2 00	Х	\vdash					0.	0.	0.
(16) MARCIA MCGREEVY LEWIS	3.00	~							_	_
01RECTOR/NOMINATIONS (17) KATHLEEN SIMPSON	3.00	Х						0.	0.	0.
LIAISON TO NATIONAL/2022 SPRING CELE	3.00	Х						0.	0.	0.
DIMITON TO NATIONAL/2022 SERING CELL	l .	Λ					l	1 0.	<u> </u>	Form 990 (2021)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average	(do			itior	1 than e	one	Reportable	Reportable		Es	timated	t
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	·	am	ount o	f
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
	(list any	ector						the	organizations			pensati	
	hours for	or dir	g.			ated		organization	(W-2/1099-MISC	ን/		om the	
	related organizations	ustee	trust		90	bens		(W-2/1099-MISC/	1099-NEC)		_	anizatio	
	below	ual tr	ional		ploye	t con	١.	1099-NEC)				d relate Inizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	IIIZaliO	115
(18) KRISTINA GREY	3.00	=	=	-	¥	工业	-			\dashv			
2022 SPRING CELEBRATION	3,00	Х						0.		٥.			0.
(19) MA SANGEORZAN	1.50												-
ADVISOR-AT-LARGE		Х						0.		٥.١			0.
(20) MARY KERR	3.00							-					
DIRECTOR/LONG-RANGE PLANNI		Х						0.		0.			0.
										\neg			
										\neg			
										\Box			
										\Box			
										\Box			
1b Subtotal								84,260.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								84,260.		0.			0.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes.	" co	Ilam	ete S	Sche	edule	J f	for such individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch i	pers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsat	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C	;)	
Name and business	address	N	INC	3				Description of s	ervices	C	omper	nsation	
							\dashv						
O Tableman Co.	Louis - 2 - 1	- 1 "						- I \ !	He co				
2 Total number of independent contractors (ii \$100,000 of compensation from the organize		ot lir	nited	ot to		se lis)	ted	above) who received mo	ore than				
+ 100,000 of componition from the organia											- (aan 👝	004)

Form **990** (2021)

SCIENTISTS SEATTLE CHAPTER 91-1042292 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 98,500. 1b **b** Membership dues 240,415. c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 336,601. 1f g Noncash contributions included in lines 1a-1f 675,516. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 270. 270. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 240,415. of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses -39,711. -39,711. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

132009 12-09-21

636,075.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

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SCIENTISTS SEATTLE CHAPTER

91-1042292 Page **10** 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 response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 467,500. 467,500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 17,633. 49,170. 71,754. 4,951. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10,751. 2,642. 7,367. 742. 10 Payroll taxes Fees for services (nonemployees): Management Legal 17,314. 17,314. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,672. 2,672 column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 22,707. 2,907. 19,800. Office expenses 13 13,465. 13,465. Information technology 14 15 Royalties 16 Occupancy 1,719. 1.719. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 200. 200. Conferences, conventions, and meetings 19 20 Payments to affiliates 4,305. 4,305. 21 360. 360. 22 Depreciation, depletion, and amortization 4,349 4,349. 23 Other expenses. Itemize expenses not covered 24 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 O.) 55,364. 55,364. DONOR DEVELOPMENT SITE VISITS 6,976. 6,976. 6,520. 6,520. PROGRAM EXPENSE 1,381. 381. **GIFTS** All other expenses 687,337. 521,103. 105,177. 61,057. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

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Form 990 (2021)
Part X | Balance Sheet

SCIENTISTS SEATTLE CHAPTER

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Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		357,163.	1	333,108.	
	2	Savings and temporary cash investments			578,252.	2	537,039.
	3	Pledges and grants receivable, net		497,960.	3	448,260.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
ts		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	Г		6		
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	11 - 22
A	9	Prepaid expenses and deferred charges			11,181.	9	11,730.
	10a	Land, buildings, and equipment: cost or other		4			
		basis. Complete Part VI of Schedule D	<u>10a</u>	1,553. 1,553.	262		
	b	Less: accumulated depreciation	360.		0.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1 444 016	15	1 220 127
	16	Total assets. Add lines 1 through 15 (must e			1,444,916.	16	1,330,137.
	17	Accounts payable and accrued expenses		ı	915,000.	17	052 500
	18	Grants payable	25,000.	18	852,500. 24,950.		
	19	Deferred revenue		23,000.	19	24,330.	
	20	Tax-exempt bond liabilities		/ - 4 O - 1 1- 1 - D		20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t		· ·		22	
Lia	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				27	
	23	parties, and other liabilities not included on li					
		- CO-le - de le D				25	
	26	Total liabilities. Add lines 17 through 25			940,000.	26	877,450.
		Organizations that follow FASB ASC 958, o	check he	re 🕨 🗓			
es		and complete lines 27, 28, 32, and 33.		_			
anc	27	Net assets without donor restrictions			343,705.	27	452,687.
Bal	28				161,211.	28	0.
pu		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current fun	nds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated		T T		31	
Net Assets or Fund Balances	32				504,916.	32	452,687.
	33	Total liabilities and net assets/fund balances	1,444,916.	33	1,330,137.		
					<u> </u>		Form 990 (2021

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Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>6,0</u> 7,3			
2	Total expenses (must equal Part IX, column (A), line 25) 2						
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5		- 9	67.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10						
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	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		_X_		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

SCHEDULE A

(Form 990)

Total

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.

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

ACHIEVEMENT REWARDS FOR COLLEGE

OMB No. 1545-0047

2021Open to Public

Inspection
Employer identification number

SCIENTISTS SEATTLE CHAPTER 91-1042292 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021

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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	ction A. Public Support			,			_
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4,7 = 3 + 1	(2) = 0 : 0	(5) = 5 : 5	(4) = 5 = 5	(5) = 5 = 1	(1)
	membership fees received. (Do not						
	include any "unusual grants.")	758,213.	877,319.	666,556.	705,708.	675,516.	3683312.
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	758,213.	877,319.	666,556.	705,708.	675,516.	3683312.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						17 706
_	· · · · · · · · · · · · · · · · · · ·						47,786. 3635526.
	Public support. Subtract line 5 from line 4.						3033320.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	758,213.	877,319.	666,556.	705,708.	675,516.	3683312.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,169.	12,445.	15,802.	1,658.	270.	36,344.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		2 700	10 200			16 000
	assets (Explain in Part VI.)		3,700.	12,320.			16,020.
	Total support. Add lines 7 through 10		`				3735676.
	Gross receipts from related activities,	•	,			12	44,895.
13	First 5 years. If the Form 990 is for the	· ·	st, second, tnira, i	fourth, or fifth tax y	ear as a section 5	UT(C)(3)	▶□
Sec	organization, check this box and store ction C. Computation of Publi				• • • • • • • • • • • • • • • • • • • •		
	Public support percentage for 2021 (I			column (f))		14	97.32 %
	Public support percentage from 2020					15	97.61 %
	33 1/3% support test - 2021. If the o					ore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		. —
40	organization meets the facts-and-circu		-		•		>
18	Private foundation. If the organization	n did not check a	oox on line 13, 16a	a, 16b, 1/a, or 17b	, check this box a	na see instructions	· P

Schedule A (Form 990) 2021

SCIENTISTS SEATTLE CHAPTER

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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.)

qualify under the tests listed b Section A. Public Support	elow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			, ,		'	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
p 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(4) 2011	(2) 2010	(6) 2010	(4) 2020	(0) 2021	(1) 10141
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						>
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box as						
b 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

132023 01-04-22

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Yes	No
_		
1		
2		
3a		
3b		
3c		
_		
4a		
4b		
TU		
4c		
5a		
5b		
5c		
6		
7		
8		
Qo		
9a		
9b		
9с		
10a		
10b	~ 000\	<u> </u>

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ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Schedule A (Form 990) 2021

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		Supporting Organizations (continued)			.,,,,,,
		· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
0		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		-			
		Now providing such benefit carried out the purposes of the supported organization(s) that operated, vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
		<i>y</i>		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			140
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	suppo tion E	rted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ries Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
•		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
122005	01.04.2	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		n 990\	2021

Schedule A (Form 990) 2021 SCIENTISTS SEATTLE CHAPTER 91-1042292 Page 6

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.			
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-functionall	y integra	ted Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2021 SCIENTISTS SEATTLE CHAPTER 91-1042292 Page 7

_	rt V Type III Non-Functionally Integrated 509		nizations (continu	77	1042292 Pag
	ion D - Distributions	(a)(a) Capporting Orga	(continu	uea) 	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		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	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	Ovide details in a see a sey		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Schedule A	(Form 990) 2021	SCIENTISTS	SEATTLE	CHAPTER	9	1-1042292 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV,	e explanations re 6, 9a, 9b, 9c, 1 ⁻ Section E, lines	quired by Part II, line 10 a, 11b, and 11c; Part I\ 1c, 2a, 2b, 3a, and 3b;); Part II, line 17a or 17b V, Section B, lines 1 and Part V, line 1; Part V, Se	o; Part III, line 12; I 2; Part IV, Section C, ection B, line 1e; Part V,
	(See instructions.)	.,				

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Employer identification number

91-1042292

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 2

Name of organization
ACHIEVEMENT REWARDS FOR COLLEGE
SCIENTISTS SEATTLE CHAPTER

Employer identification number
91-1042292

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page

Name of organization
ACHIEVEMENT REWARDS FOR COLLEGE
SCIENTISTS SEATTLE CHAPTER

Employer identification number
91-1042292

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2021) Page **3**

Name of organization

ACHIEVEMENT REWARDS FOR COLLEGE

SCIENTISTS SEATTLE CHAPTER

Employer identification number

91-1042292

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			
		\$				
(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			
		\$				
(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			

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER 91-1042292 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 (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 (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.

OMB No. 1545-0047 Inspection

Name of the organization

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Employer identification number 91-1042292

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bonor advised funds	(b) I dilas and other accounts
1 2	Total number at end of year		
_			
3 4	Aggregate value of grants from (during year)		
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in v	Luviting that the access hold in depart advis	and friends
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
O	for charitable purposes and not for the benefit of the donor o	· ·	•
		, , , , ,	
Par		ganization answered "Yes" on Form 990. I	
1	Purpose(s) of conservation easements held by the organization		arriv, mio r.
•	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		a common motorio ciractare
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		I
3	Number of conservation easements modified, transferred, rel		
	year >	, ,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abov	re satisfy the requirements of section 170(n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her 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 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance 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		> \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financia	gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021

ACHIEVEMENT REWARDS FOR COLLEGE 91-1042292 Page 2 SCIENTISTS SEATTLE CHAPTER Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 1d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No

Yes 3a(i) (i) Unrelated organizations (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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		1,553.	1,553.	0.
e Other				
Total, Add lines 1a through 1e. (Column (d) must equa	Learm 000 Part V colum	nn (P) lino 10c)		0.

	SEATTLE CHAPT	ER 91-1042292 Pa
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	n Form 000 Part IV line	11h Son Form 000 Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
\	(b) Book value	(c) Method of Valuation. Good of one of year market value
) Financial derivatives) Closely held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" o		
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(5) (6)		
(5) (6) (7)		
(5) (6) (7) (8)		
(5) (6) (7) (8) (9)		
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		
(5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 25.
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.

Schedule D (Form 990) 2021 SCIENTISTS SEATTLE CHAPTER 91-1042292 Page 4

		Reconciliation of Revenue per Audited Financial State	ments With Rever	nue per Return.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total r	revenue, gains, and other support per audited financial statements		1
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net ur	nrealized gains (losses) on investments	2a	
b	Donat	ed services and use of facilities	2b	
С	Recov	eries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	
е	Add lii	nes 2a through 2d		2e
3		act line 2e from line 1		3
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а		ment expenses not included on Form 990, Part VIII, line 7b		
b		(Describe in Part XIII.)	·	
		nes 4a and 4b		
5 Pai	t XII	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State	ments With Eyne	nses per Return
ı aı	t XII	Complete if the organization answered "Yes" on Form 990, Part IV, line		nises per neturn.
1	Total			1
2		nts included on line 1 but not on Form 990, Part IX, line 25:		
a		ed services and use of facilities	2a	
b		rear adjustments		
c		losses		
d		(Describe in Part XIII.)		
		nes 2a through 2d		2e
3		act line 2e from line 1		
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
С	Add lii	nes 4a and 4b		4c
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pai	t XIII	Supplemental Information.		
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		; Part V, line 4; Part X, line 2; Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	

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

2021

Open to Public Inspection

Name of the organization ACHIEV

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Employer identification number

SCIENTI	STS SEATTLE CHAPTE	K			91-1042	<u> </u>
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. a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by fundraiser listed in col. (i) (vi) Amount paid to (or retained by organization			
		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.						

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ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Schedule G (Form 990) 2021

91-1042292 Page 2

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through	
			GALA	LUNCHEON	1		
4)			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	21,900.	213,615.	4,900.	240,415.	
_	2	Less: Contributions	21,900.	213,615.	4,900.	240,415.	
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
"	5	Noncash prizes					
pense	6	Rent/facility costs	5,733.		1,216.	6,949.	
Direct Expenses	7	Food and beverages	3,859.	414.	2,114.	6,387.	
_	8	Entertainment					
	9	Other direct expenses	3,030.	23,310.	35.	26,375.	
	10	Direct expense summary. Add lines 4 through				39,711. -39,711.	
Pa	11 irt					-39,/11.	
		\$15,000 on Form 990-EZ, line 6a.	answered res on rem	1000, 1 art 10, 1110 10, 01 1	oported more than		
		· · · · · · · · · · · · · · · · · · ·	(a) Dings	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add	
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
Revenue	1	Gross revenue					
S	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes %	Yes %		
	7	Direct expense summary. Add lines 2 through					
	8	Net gaming income summary. Subtract line 7					
		gaming moone dammary. Gabriat into 1				L	
a	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No	
b	lf " —	No," explain:					
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No	
1320	32 10	0-21-21			Sche	dule G (Form 990) 2021	

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Schedule G (Form 990) 2021 SCIENTISTS SEATTLE CHAPTER	91-1042292 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 No
13 Indicate the percentage of gaming activity conducted in:	
	140-1
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	rds:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	ount
of gaming revenue retained by the third party \$\bigs\\$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Nama 🛌	
Name	
Gaming manager compensation \$	
Description of services provided	
111 	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

		ACHIEVEMENT REWARDS FOR COLLEGE		
Schedule G	(Form 990) Supplemental Inform	SCIENTISTS SEATTLE CHAPTER	91-1042292	Page 4
Partiv	Supplemental infor	induoii (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

Schedule I (Form 990) 2021

ame of the organization ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER			Employer identification number $91-1042292$				
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						on Yes X No
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organia	zations and Domesti	c Governments. C	complete if the org	anization answered "\	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
UNIVERSITY OF WASHINGTON PO BOX 359505							
SEATTLE, WA 98195	91-6001537	501(C)3	362,500.	0.	N/A	N/A	FELLOWSHIP FUNDS
WASHINGTON STATE UNIVERSITY PO BOX 641030 PULLMAN, WA 98164	91-1075542	501(C)3	105,000.	0.	N/A	N/A	FELLOWSHIP FUNDS
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization:	•		e line 1 table				\

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

Schedule | (Form 990) 2021 SCIENTISTS SEATTLE CHAPTER 91-1042292

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Page 2

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Employer identification number 91-1042292

DOLLITED DELITED OFFICE OF THE PARTY OF THE
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ARCS FOUNDATION ADVANCES SCIENCE AND TECHNOLOGY IN THE UNITED STATES BY
PROVIDING FINANCIAL AWARDS TO ACADEMICALLY OUTSTANDING U.S. CITIZENS
STUDYING TO COMPLETE DEGREES IN SCIENCE, ENGINEERING AND MEDICAL
RESEARCH.
FORM 990, PART I, LINE 1:
ARCS FOUNDATION ADVANCES SCIENCE AND TECHNOLOGY IN THE UNITED STATES BY
PROVIDING FINANCIAL AWARDS TO ACADEMICALLY OUTSTANDING U.S. CITIZENS
STUDYING TO COMPLETE DEGREES IN SCIENCE, ENGINEERING AND MEDICAL
RESEARCH.
FORM 990, PART I, LINE 6:
ARCS HAS 60 ACTIVE MEMBERS WHO EITHER SUPPORT OR ATTEND THE ANNUAL
EVENTS AND FELLOWSHIP FUNDRAISING LUNCHEON, VARIOUS FIELD TRIP
MEETINGS, SERVE AS COMMITTEE MEMBERS FOR THESE EVENTS, OR AS BOARD
MEMBERS OF ARCS.
FORM 990, PART III, LINE 1:
ARCS HAS 60 ACTIVE MEMBERS WHO EITHER SUPPORT OR ATTEND THE ANNUAL
EVENTS AND FELLOWSHIP FUNDRAISING LUNCHEON, VARIOUS FIELD TRIP
MEETINGS, SERVE AS COMMITTEE MEMBERS FOR THESE EVENTS, OR AS BOARD
MEMBERS OF ARCS.

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

Schedule O (Form 990) 2021 Page 2 Name of the organization ACHIEVEMENT REWARDS FOR COLLEGE **Employer identification number** SCIENTISTS SEATTLE CHAPTER 91-1042292 FORM 990, PART III, LINE 4A: 2. ARCS FOUNDATION ADVANCES SCIENCE AND TECHNOLOGY IN THE UNITED STATES BY PROVIDING FINANCIAL AWARDS TO ACADEMICALLY OUTSTANDING US CITIZENS STUDYING TO COMPLETE DEGREES IN SCIENCE, ENGINEERING AND MEDICAL RESEARCH. SINCE 1978, THE SEATTLE CHAPTER OF ARCS FOUNDATION HAS AWARDED GRADUATE FELLOWSHIPS TO OUTSTANDING UNITED STATES CITIZENS COMPLETING PHD DEGREES IN SCIENCE, ENGINEERING AND MEDICAL RESEARCH AT THE UNIVERSITY OF WASHINGTON AND WASHINGTON STATE UNIVERSITY. OVER \$22.1 MILLION HAS BEEN CONTRIBUTED BY THE SEATTLE CHAPTER TO NEARLY 1500 TALENTED STUDENTS PURSUING THEIR DREAMS TO SOLVE THE SCIENTIFIC CHALLENGES FACING OUR WORLD TODAY. THESE MONIES HAVE GIVEN OUR STATE'S RESEARCH UNIVERSITIES A COMPETITIVE EDGE AS THEY RECRUIT THE NATION'S FINEST DOCTORAL CANDIDATES TO THEIR PREMIER PROGRAMS. FELLOWSHIP AWARDS ARE MADE TO THE UNIVERSITY OF WASHINGTON (UW) AND WASHINGTON STATE UNIVERSITY (WSU). THERE WERE 40 UW FELLOWSHIPS AND 14 WSU FELLOWSHIPS NEWLY GRANTED DURING THE 2021-2022 FISCAL YEAR. FORM 990, PART VI, SECTION A, LINE 6: ARCS IS A MEMBERSHIP ORGANIZATION. THE CATEGORIES OF MEMBERSHIP SHALL BE ACTIVE, ASSOCIATE, AMBASSADOR, FOUNDING, AND SILVER CIRCLE. ONLY ACTIVE MEMBERS SHALL BE ENTITLED TO VOTE. FORM 990, PART VI, SECTION A, LINE 7A: ACTIVE MEMBERS OF THE CORPORATION SHALL HAVE THE RIGHT TO VOTE ON THE ELECTION OF THE BOARD AND OFFICERS AT THE ANNUAL MEETING.

Schedule O (Form 990) 2021 Page **2**

Name of the organization ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Employer identification number 91-1042292

FORM 990, PART VI, SECTION A, LINE 7B:

ACTIVE MEMBERS OF THE CORPORATION SHALL HAVE THE RIGHT TO VOTE ON ANY

MATTERS SUBMITTED TO THEM BY THE BOARD OR EXECUTIVE COMMITTEE AND ANY

MATTERS REQUIRED BY THE BY LAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE VICE PRESIDENT OF FINANCE AND PRESIDENT OF THE BOARD REVIEW THE FORM

990 BEFORE MAKING IT AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW AND

DISCUSSION PRIOR TO IT BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS HAVE A DUTY TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST

TO THE DIRECTORS OR MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. ANY

CHAPTER DIRECTOR OR OFFICER MAY REQUEST THAT A MATTER BE REFERRED TO THE

BOARD FOR REVIEW AND VOTE. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND

ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERSTED PERSON, SHE

SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A

CONFLICT OF INTEREST IS DISCUSSED AND VOTED ON. THE REMAINING BOARD OR

COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN

INTERSTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING,

BUT AFTER THE PRESENTATION, SHE SHALL LEAVE THE MEETING DURING THE

DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING

THE POSSIBLE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.