			** PUBLIC DISCLOSURE COPY	* *					
	0	00	Return of Organization Exempt Fror	n Income Tax	OMB No. 1545-0047				
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundation	ns) 2015				
Dena	rtment	of the Treasury	Do not enter social security numbers on this form as it n	nay be made public.	Open to Public				
Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.									
AF	or th	e 2015 calend	ar year, or tax year beginning $ m JUL1$, 2015 and ending	<u>JUN 30, 2016</u>					
Bc	heck if		organization	D Employer identific	cation number				
	⊐Addre	ACHI	EVEMENT REWARDS FOR COLLEGE						
	_chang Name	ge SCIE	NTISTS SEATTLE CHAPTER		040000				
	_]chang ⊐Initial	ge Doing b	Usiness as ARCS FOUNDATION SEATTLE		042292				
	_returr Final		and street (or P.O. box if mail is not delivered to street address) Room/s 25TH AVE NE		782-1238				
	lreturr termi	ň-	pown, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	807,432.				
	ated	nded CFAM	TLE, WA 98105	H(a) Is this a group re					
	_returr]Appli _tion		nd address of principal officer:MARCIA LEWIS	for subordinates					
	pend		AS C ABOVE	H(b) Are all subordinates in					
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or		list. (see instructions)				
			://WWWW.SEATTLEARCSFOUNDATION.ORG	H(c) Group exemption	· · · ·				
ΚF	orm o	f organization:	X Corporation Trust Association Other ► L	Year of formation: 1978 M	State of legal domicile: WA				
Pa	irt I	,							
ø	1	Briefly describ	e the organization's mission or most significant activities: SEE SCHE	DULE O					
anc									
ern	2		x 🕨 🛄 if the organization discontinued its operations or disposed of i		sets. 22				
30	3		Number of voting members of the governing body (Part VI, line 1a) 3						
8	4		Aumber of independent voting members of the governing body (Part VI, line 1b) 4						
ties	5		of individuals employed in calendar year 2015 (Part V, line 2a) of volunteers (estimate if necessary)		<u> </u>				
Activities & Governance	6			0.					
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34		0.				
		Net unicated		Prior Year	Current Year				
Ø	8	Contributions	and grants (Part VIII, line 1h)	873,893.	766,843.				
Revenue	9		ce revenue (Part VIII, line 2g)	12,970.	18,615.				
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)	1,545.	7,174.				
œ			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-78,823.	-60,309.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	809,585.	732,323.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	624,500.	537,225.				
	14	-	to or for members (Part IX, column (A), line 4)	0.	0.				
ses	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	73,189.				
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► <u>35,592.</u>	0.	υ.				
ĔĂ				162,082.	111,110.				
	18		es (Part IX, column (A), lines 11a-11d, 11f-24e)s. Add lines 13-17 (must equal Part IX, column (A), line 25)	786,582.	721,524.				
	19		expenses. Subtract line 18 from line 12	23,003.	10,799.				
or	15	Revenue less		Beginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)	1,629,465.	1,528,237.				
d Ba	21	•	(Part X, line 26)	1,119,043.	1,013,679.				
Fun	22	Net assets or	fund balances. Subtract line 21 from line 20	510,422.	514,558.				
	irt II	Signature	e Block						
			declare that I have examined this return, including accompanying schedules and st		knowledge and belief, it is				
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prep	barer has any knowledge.					
		Cimatur	of officer	Data					
Sig	ı	· ·		Date					
Her	е	MARC	IA LEWIS, PRESIDENT						

	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Che				
Paid	ALLEN D. GILBERT, CPA	ALLEN D. GILBERT,	CP05/19/17	-employed P01380103			
Preparer	Firm's name 🕞 CLIFTONLARSONALI		Firm's Elf	N ▲ 41-0746749			
Use Only	Firm's address 10700 NORTHUP WA	Y, SUITE 200					
	BELLEVUE, WA 980	04	Phone no	.(425) 250-6100			
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
				- 000 (*** ***			

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Form		IIEVEMENT REW ENTISTS SEAT	VARDS FOR COL TTLE CHAPTER	LEGE	91-1042292	Page 2
	rt III Statement of Progra					<u> </u>
	Check if Schedule O cont	ains a response or note	to any line in this Part III			X
1	Briefly describe the organization	ı's mission:				
	SEE SCHEDULE O					
2	Did the organization undertake a	any significant program	services during the year	which were not listed on		
	the prior Form 990 or 990-EZ?				Yes	K X No
_	If "Yes," describe these new ser					V
3	Did the organization cease cond		ant changes in how it co	nducts, any program services	? ¥es	No X
4	If "Yes," describe these change Describe the organization's prog		ments for each of its thr	ee largest program services a	as measured by expense	10
-	Section 501(c)(3) and 501(c)(4)					
	revenue, if any, for each program	m service reported		-	· · · ·	
4a		585,534.	including grants of \$	537,225.) (Reve	nue\$)
	SEE SCHEDULE O					
46		21 869) (Reve	18	615
4b	(Code:) (Expenses \$ SEE SCHEDULE O	21,005.	Including grants of \$) (Reve	nue\$ LO ,	015.)
4c	(Code:) (Expenses \$		including grants of \$) (Reve	enue \$)
4d	Othor program convises (Describ	o in Schodula ()				
40	Other program services (Describ (Expenses \$	including grants of	\$) (Revenue \$)	
4e	Total program service expenses	<u> </u>	ŷ7,403.		/	
					Form	990 (2015)
53200 12-16			-			
070	510 703608 032-20	0262100 201				0.5777.2

ACHIEVEMENT	REWARDS	FOR	COLLEGE
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SCIENTISTS SEATTLE CHAPTER

91-1042292 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		<u> </u>
	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
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?	u		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			v
	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	10		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 22
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		_	000	

Form **990** (2015)

532003 12-16-15

Form 990 (2015)

Part IV Checklist of Required Schedules

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

91-1042292

Form	990 (2015) SCIENTISTS SEATTLE CHAPTER 91-104	2292	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		_	
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	. 23		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		240		x
b	Schedule K. If "No", go to line 25a			- 23
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		İ	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
30		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. 30		- **
37		37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		- 11
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O			(2015)
		Form	220	(∠015)

532004 12-16-15

ACHIEVEMENT	' REWARDS	FOR	COLLEGE
SCIENTISTS	SEATTLE	CHAPI	ER

Par	Check if Schedule O contains a response or note to any line in this Part V					
				Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 7		103		
b		1b 0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and rep					
-	(gambling) winnings to prize winners?		1c	Х		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
		2a 1				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C)	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	4a		Х	
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 Ac	counts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		Х	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit				
	any contributions that were not tax deductible as charitable contributions?		6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•				
	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).		_		77	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-	7c		x	
d	to file Form 8282?					
	If "Yes," indicate the number of Forms 8282 filed during the year		7e			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7e 7f			
' g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l		711			
•			8			
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?		9a			
			9b			
	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
		10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	· · · · · · · · · · · · · · · · · · ·	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	un l				
	F F	13b				
		13c			X	
		<u>^</u>	14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b			

532005 12-16-15

Form 990 (2015)

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Form 990 (2015)

Part VI	Go	vernance, Manage	ement, and Disclosure For each	ach "Yes" response to lines 2 through 7b below, and for a "No" respo	onse
	to lir	ne 8a, 8b, or 10b below,	describe the circumstances, processe	sses, or changes in Schedule O. See instructions.	

	Check if Schedule O contains a response or note to any line in this Part VI					Х
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other	-		
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	-			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment \	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Г (Sect	ion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records:			
	THE ORGANIZATION - 203-782-1238					
	4616 25TH AVE NE, SEATTLE, WA 98105					
532000	5 12-16-15			Form	990	(2015)
	б					

ACHIEVEMENT	REWARDS	FOR	COLLEGE
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Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employee	es, Highest	Compensate
	Em	nlovees an	d Independe	ent Contrad	rtors			

es, and independent Contractors

Form 990 (2015)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

SCIENTISTS SEATTLE CHAPTER

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	l)	npe	154	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson	is bot	h an	compensation	compensation	amount of other
	week (list any	ctor					Ē	. from the	from related organizations	compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	istee o	trustee		e	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com /ee	Ι.			and related organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARY SANGEORZAN	10.00				$ \ge $	노	<u> </u>			
DIRECTOR OF NOMINATIONS		x		x				0.	Ο.	0.
(2) MARCIA MCGREEVY LEWIS	30.00									
PRESIDENT		x		x				0.	Ο.	0.
(3) DEBORAH MIZRAHI	10.00									
IMMEDIATE PAST PRESIDENT		X		X				0.	Ο.	0.
(4) JENNIFER WYATT	10.00									
VP/COMMUNICATIONS		X		Х				0.	0.	0.
(5) CORI KIRKPATRICK	10.00									
VP/MEMBERSHIP		Х		Х				0.	0.	0.
(6) PATRICIA ROGERS	10.00									
VP/PROGRAMS		Х		Х				0.	0.	0.
(7) WENDY RUSH	5.00								_	
CORPORATE SECRETARY		Х		Х				0.	0.	0.
(8) APRIL PRIDE ALLISON	10.00									
2015 LUNCHEON CO-CHAIR		Х		Х				0.	0.	0.
(9) SARAH DUNHAM WATTS	10.00									
2015 LUNCHEON CO-CHAIR		Х		х				0.	0.	0.
(10) MICKI FLOWERS	5.00									
ADVISOR-AT-LARGE		Х		Х				0.	0.	0.
(11) VICKI GLANT	5.00									
ADVISOR-AT-LARGE	10.00	Х		X				0.	0.	0.
(12) LISA LOS	10.00								0	0
CO-VP/DEVELOPMENT	10.00	X		X				0.	0.	0.
(13) ANDREA GRIFFIN	10.00								0	0
CO-VP/DEVELOPMENT	10.00	X		X				0.	0.	0.
(14) LESA SROUFE	10.00			37					0	0
VP/FINANCE	10.00	X		X	<u> </u>			0.	0.	0.
(15) DIANA ACKERLEY	10.00	x		x				0.	0.	0
VP/MEMBERSHIP	10.00	<u>^</u>		<u>^</u>				0.	υ.	0.
(16) JANA FOUSHEE VP/PROGRAMS	10.00	x		x				0.	0.	0.
(17) ERIN MOYER	10.00			<u>_</u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(17) ERIN MOYER CO-VP/UNIVERSITY RELATIONS	10.00	x		x				0.	0.	0.
522007 12-16-15		1 27	I	127	L	I	L	0.	0.	Form 990 (2015)

532007 12-16-15

14070519 793698 032-20362100 2015.05070 ACHIEVEMENT REWARDS FOR COL 032-2XY3

7

ACHIEVEMENT	REWARDS	FOR	COLLEGE
SCIENTISTS	SEATTLE	CHAPI	ER

91-1042292 Page 8

Form 990 (2015) SCIENTIS	rs seat	ГLI	Ξ (CHA	Ab.	ΓEF	٤		91-10) 4 2	292	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any	box offic	not c , unle	ss pei	ition more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	Est am	(F) imate ount o other	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orga	om the nizati relate	e ion ed
(18) MELINDA LEWISON CO-VP/UNIVERSITY RELATIONS	10.00	x		x				0.		0.			0.
(19) SUSAN POTTS DIRECTOR OF LONG RANGE PLA	10.00	x		x				0.		0.			0.
(20) VALERIE VOSS	10.00			Δ				0.		0.			0.
2016 LUNCHEON CO-CHAIR		X		Х				0.		0.			0.
(21) VICKI GRIFFIN	10.00	v		v				0		0			0
2016 GALA CO-CHAIR (22) BARBARA KIRK	10.00	X		Х				0.		0.			0.
2016 GALA CO-CHAIR	10.00	x		x				0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n							no re	•••	,000 of reportabl	• •			
compensation from the organization											,	Yes	0 No
3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for s</i>					•			e			3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from	the organization		4		x
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr			idual for services				
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch j	pers	son .					5		X
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	pens	ation fr	om	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir	n the organization's tax	year.				
(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С	(C) ompen		n
2 Total number of independent contractors (i \$100,000 of compensation from the organi		iot lii	mite	d to		se lis)	stec	d above) who received m	nore than			00 //	

532008 12-16-15

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ACHIEVEMENT	REWARDS	FOR	COLLEGE
SCIENTISTS	SEATTLE	СНАРЈ	FER

Form 990 (2015)

Par	t VII	I Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin				(=)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and If /e 1f	109,500. 203,066. 454,277. 52,213.	766,843.			
-				Business Code				
Program Service Revenue	2 a b	MEMBER FIELD TR		900099	18,615.	18,615.		
Ser	c							
eve	d							
Bogr	е							
å	f	All other program service reve	nue					
		Total. Add lines 2a-2f		1	18,615.			
	3	Investment income (including other similar amounts) Income from investment of tax	k-exempt bond	proceeds	7,174.			7,174.
	5	Royalties						
	b	Gross rents Less: rental expenses	(i) Real	(ii) Personal				
		Rental income or (loss)						
		Net rental income or (loss)		1 1				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss) Net gain or (loss)						
Other Revenue		Gross income from fundraising including \$ 203,0 contributions reported on line	g events (not <u>66 •</u> of 1c). See	14.000				
her	h	Part IV, line 18 Less: direct expenses						
ð		Net income or (loss) from func			-60,309.			-60,309.
		Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses	b					
		Net income or (loss) from gam						
		Gross sales of inventory, less and allowances	а					
		Less: cost of goods sold						
-	С	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
-	11 a			Dusiliess Code				
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d			720 202	10 015		E2 125
532009	10 10	Total revenue. See instructions.		🕨	732,323.	18,615.	0	 -53,135. Form 990 (2015)

9

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

8 Pension plan accruids and contributions (include section 40 (k) and 430(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): admangement 6,189. b Legal 6,679. c Accounting 16,679. d Lobbying 16,679. e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O). 20,460. 13 Office expenses 10,601. 10,591. 14 Information technology 17,756. 17,756. 17 Travel 5,435. 5,435. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,535. 21,869. 20 payments to affiliates 3,535. 3,535. 221,869. 21 Payments to affiliates 3,073. 3,073. 3,073. 24 Phymetris to affiliates 21,869. 21,869. 500. 24 Payments to affiliates 21,869.		990 (2015) SCIENTISTS	SEATTLE CHAP		91-10	42292 Page 10
Check if Schedule Contains aregorise or notis to any line in the Part X. L Do not include amounts reported on lines 6b, 78, 8b, 8b, and 10b of Part Will. Total expenses Pergent analytic program analytic advectage and expenses Pergent analytic program analytic advectage and expenses Pergent analytic program analytic advectage advectage advectage program analytic advectage advectage advectage advectage advectage advectage advectage advectage advectage program analytic advectage a						
De not include amounts reported on lines 60, 80, 80, 80, and 100 of Part VII. Total expenses Program Searcice Approximations Manuel C2 (b) and construction and construction of any searcice comparison End (C) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Secti			-		
Total expanses Program service generation Management and generation Fundations generation 1 Grants and other assistance to domesic organizations and domesic operanets. Service to domesic individuals. See Part N, Ine 21 537, 225. 537, 225. 537, 225. 2 Grants and other assistance to domesic individuals. See Part N, Ine 21 537, 225. 537, 225. 537, 225. 3 Grants and other assistance to domesic individuals. See Part N, Ine 21 537, 225. 537, 225. 4 Benefits paid to or for members. Compensation of current offices, directors, trustes, and key employees 5 6 Compensation of all wey employees 67, 000. 12, 730. 37, 671. 16, 559. 8 Person plan accruits and weight weig					(
and domestic governments. See Part IV, line 21 537, 225. 537, 225. a Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 537, 225. 537, 225. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 5 5 4 Benefits paid to or for mombers 5 5 5 5 5 Compensation of current offices, directors, trustes, and Mad governments, and foreign individuals. See Part IV, line 15 6 7 16, 599. 6 Compensation of include above, to disspatiate section 4010, rand 4030 perglocy contributions is Management 6 6 189. 1, 176. 3, 480. 1, 533. 9 Other employee benefits 6 6, 189. 1, 176. 3, 480. 1, 533. 9 Other, (fline 11g amounts ceeds 10% of line 25, columin (J amount, line 11 et presess on 56.0. 20, 460. 3, 500. 16, 9679. 10 Activing documents 10, 601. 10. 10, 501. 17, 756. 17, 756. 10 Activing documents 3, 535. 3, 535. 3, 535. 20, 081. 20, 081. 10 Activing documents 10, 601. 10. 10, 501. 10, 607. 10, 501. <th></th> <th></th> <th></th> <th>Program service</th> <th>Management and</th> <th>Fundraising</th>				Program service	Management and	Fundraising
2 Grants and other assistance to donestic individuals. See Part V, ine 22 Image: Comparison of Comp	1	-				
a individuals. See Part IV, Ime 22		and domestic governments. See Part IV, line 21	537,225.	537,225.		
3 Grants and other assistance to foreign redividuals. See Part IV, lines 15 and 16 	2					
approximations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
individus. See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
4 Bendfis paid to or to remebers Image: Second Sec		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees 6 6 Compensation not included above, to disqualified persons described in section 4380(10) and persons described in an analysis of the section 4380(10) and persons described in the section 4380(10) and persons described in an analysis of the section 4380(10) and persons described in the section 4380(10) and persons described in 4380(10) and persons described in the section 4380(10) and persons described in the section 4380(10) and persons described in 4380(10) and persons described in the section 4380(10) and persons and meetings and persons and per		individuals. See Part IV, lines 15 and 16				
tustees, and key employees 6 6 Compensation not included above, to disguilled persons (as defined under section 49580(1/0) and persons described in the section 4955, 4355, 5,4355, 16,3,535, 16,3,535, 16,3,535, 16,3,53	4	Benefits paid to or for members				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and (approximately as a constrained and contributions) 67,000.12,730.37,671.16,599. 7 Other salaries and wages 67,000.12,730.37,671.16,599. 9 Other employee benefits 9 10 Payoti taxes 6,189.1,176.3,480.1,533. 11 Fees for services (non-employees): a 12 Advanting services. See Part V, line 17 16,679.4 13 Office expenses 16,679.4 14 Information technology 17,756.1 13 Office expenses 10,601.10.10,591.4 14 Information technology 17,756.1 15 Royatiles 0 10 Cocupancy 5,435.5,435.5 14 Travel 3,535.4 15 Royatiles 3,073.4 16 Occupancy 3,535.5 17 Travel 3,535.5 18 Payments to finites 3,073.4 19 Conferences, conventions, an	5	Compensation of current officers, directors,				
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7 Other salaries and wages 67,000. 12,730. 37,671. 16,599. 8 Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0		persons (as defined under section 4958(f)(1)) and				
7 Other salaries and wages 67,000. 12,730. 37,671. 16,599. 8 Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0		persons described in section 4958(c)(3)(B)				
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section 401(k) and 403(b) employer contributions) 0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
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c Accounting 16,679. 16,679. d Lobbying 1 16,679. 16,679. d Lobbying 1		F				
d Lobbying Professional fundiating services. See Part IV, line 17 investment management fees 9 g Other, (If line 11g amount exceds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 20, 460. 12 Advertising and promotion 10, 601. 10, 591. 14 Information technology 17, 756. 17, 756. 16 Occupancy 5, 435. 5, 435. 17 Travel 5, 435. 5, 435. 18 Payments of travel or entertainment expenses 5, 435. 10, 601. 17 Tavel 20, 081. 2, 081. 10, 535. 21 Payments to affiliates 3, 535. 3, 535. 2, 081. 2, 081. 10, 601. 22 Depreciation, depletion, and amortization 480. 480. 480. 480. 480. 480. 480. 480. 480. 10, 607. 10, 601. 10, 501. <			16 679		16 679	
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f Investment management fees g Other. (If line 11g appoint exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatties 16 Occupancy 17 Travel 9 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 21 Payments to affiliates 22 0.81. 2 0.81. 2 0.83. 10 conferences, conventions, and meetings 2 0.83. 10 0.83. 11 neurotization 18 Payments to affiliates 2 0.83. 10 conferences, conventions, and meetings 2 0.83. 11 Payments to affiliates 3 3.535. 3 3.535. 2 3.63. 24 Other expenses. In line 24e. If line 24e						
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column (A) amount, list line 11g expenses on Sch 0.) 20,460. 3,500. 16,960. 12 Advertising and promotion 10,601. 10. 10,591. 13 Office expenses 10,601. 10.,591. 17 14 Information technology 17,756. 17,756. 17 16 Occupancy 5,435. 5,435. 16 17 Travel 5,435. 5,435. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,081. 2,081. 10 19 Conferences, conventions, and meetings 2,081. 2,081. 10 10 10 Interest 3,535. 3,535. 20 20 20 10	f	E Contraction of the second				
12 Advertising and promotion 10,601. 10,591. 13 Office expenses 10,601. 10,591. 14 Information technology 17,756. 17,756. 15 Royaties 0 0 16 Occupancy 17,756. 17,756. 17 Travel 5,435. 5,435. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 10 conferences, conventions, and meetings 2,081. 2,081. 0 20 Interest 3,535. 3,535. 0 21 Payments to affiliates 3,073. 3,073. 0 0 21 payments to affiliates 3,073. 3,073. 0 0 0 22 pepreciation, depletion, and amortization 480. 480. 0 <t< td=""><td>g</td><td></td><td></td><td></td><td></td><td>10 000</td></t<>	g					10 000
13 Office expenses 10,601. 10,591. 14 Information technology 17,756. 17,756. 15 Royalties 10,601. 10,591. 16 Occupancy 17,756. 17,756. 17 Travel 5,435. 5,435. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,081. 2,081. 19 Conferences, conventions, and meetings 2,081. 2,081. 2 20 Interest 3,535. 3,535. 3,535. 21 Payments to affiliates 3,073. 3,073. 3,073. 24 Other expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Stedule 0. 21,869. 21,869. 24 BVROGRAM EXPENSE 8,516. 500. 500. 3 DONOR DEVELOPMENT 125. 125. 125. 125. 25 Total functional expenses. 125. 125. 125. 35,592. 26 Joint costs from a combined educational campaign and fundraising solicitation. Check here If rotolowing SOP 98-2(ASC 986-720) 125.			20,460.		3,500.	16,960.
14 Information technology 17,756. 17,756. 15 Royalties 0 16 Occupancy 5,435. 5,435. 17 Travel 5,435. 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 20 Interest 2,081. 2,081. 21 Payments to affiliates 3,535. 3,535. 22 pereciation, depletion, and amortization 480. 480. 23 Insurance 3,073. 3,073. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 21,869. 21,869. a PROGRAM EXPENSE 21,869. 21,869. b SITE VISITS 125. 125. 500. c DONOR DEVELOPMENT 500. 500. d GIFTS 125. 125. 125. 25 Total functional expenses. Add lines 1 through 24e 721, 524. 607, 403. 78, 529. 35, 592. 26	12		10 001	10	10 501	
15 Royalties	13				10,591.	
16 Occupancy 5,435. 5,435. 17 Travel 5,435. 5,435. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,435. 5,435. 19 Conferences, conventions, and meetings 2,081. 2,081. 2,081. 20 Interest 3,535. 3,535. 21 Payments to affiliates 3,073. 3,073. 23 Insurance 3,073. 3,073. 24 Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) 21,869. 21,869. a PROGRAM EXPENSE 8,516. 8,516. b SITE VISITS 8,516. 8,516. c DONOR DEVELOPMENT 500. 125. 125. d GIFTS 125. 125. 125. e All other expenses. 721,524. 607,403. 78,529. 35,592. 25 Total functional expenses. Add lines 1 through 24e 721,524. 607,403. 78,529. 35,592. 26 Joint costs from a combined educational campaign andf	14	Information technology	17,756.	17,756.		
17 Travel 5,435. 5,435. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,081. 2,081. 19 Conferences, conventions, and meetings 2,081. 2,081. 20 Interest 3,535. 3,535. 21 Payments to affiliates 3,535. 3,535. 22 Depreciation, depletion, and amortization 480. 480. 23 Insurance 3,073. 3,073. 24 Other expenses Interize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) anount, itsic line 24e. Expresse 21,869. 21,869. a PROGRAM EXPENSE 8,516. 8,516. 500. b SITE VISITS 500. 500. 500. c DONOR DEVELOPMENT 500. 125. 125. 22. e All other expenses 721,524. 607,403. 78,529. 35,592. 25 Total functional expenses. Add lines 1 through 24e 721,524. 607,403. 78,529.	15	Royalties				
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for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e annount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PROGRAM EXPENSE b SITE VISITS c DONOR DEVELOPMENT d GIFTS e All other expenses. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. from a combined educational campaign and fundraising solicitation. Check here ▶ in totional campaign and fundraising solicitation. Check here ▶ if totolowing SOP 99-2 (ASC 958-720)	17	Travel	5,435.	5,435.		
19 Conferences, conventions, and meetings 2,081. 2,081. 20 Interest 3,535. 21 Payments to affiliates 3,535. 22 Depreciation, depletion, and amortization 480. 23 Insurance 3,073. 24 Other expenses. Itemize expenses not covered above. (List miscillaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 21,869. 2 SITE VISITS 8,516. 8,516. c DONOR DEVELOPMENT 500. 500. d GIFTS 125. 125. e All other expenses. Add lines 1 through 24e 721,524. 607,403. 78,529. 35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here > if following SOP 98-2(ASC 958-720)	18	Payments of travel or entertainment expenses				
20 Interest		for any federal, state, or local public officials				
21 Payments to affiliates 3,535. 3,535. 22 Depreciation, depletion, and amortization 480. 480. 23 Insurance 3,073. 3,073. 24 Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 3,073. 3,073. a PROGRAM EXPENSE 21,869. 21,869. b SITE VISITS 8,516. 8,516. c DONOR DEVELOPMENT 500. 500. d GIFTS 125. 125. e All other expenses. Add lines 1 through 24e 721,524. 607,403. 78,529. 35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 125. 125.	19	Conferences, conventions, and meetings	2,081.	2,081.		
21 Payments to affiliates 3,535. 3,535. 22 Depreciation, depletion, and amortization 480. 480. 23 Insurance 3,073. 3,073. 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 3,073. 3,073. a PROGRAM EXPENSE 21,869. 21,869. b SITE VISITS 8,516. 8,516. c DONOR DEVELOPMENT 500. 500. d GIFTS 125. 125. e All other expenses. Add lines 1 through 24e 721,524. 607,403. 78,529. 35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 1125. 125. 125. 35,592.	20	Interest				
22 Depreciation, depletion, and amortization 480. 480. 23 Insurance 3,073. 3,073. 24 Other expenses. Itemize expenses on tovered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) 3,073. 3,073. a PROGRAM EXPENSE 21,869. 21,869. b SITE VISITS 8,516. 8,516. c DONOR DEVELOPMENT 500. 500. d GIFTS 125. 125. e All other expenses. Add lines 1 through 24e 721,524. 607,403. 78,529. 35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here C if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720)	21	F			3,535.	
23 Insurance 3,073. 3,073. 24 Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 21,869. 21,869. a PROGRAM EXPENSE 8,516. 8,516. b SITE VISITS 8,516. 8,516. c DONOR DEVELOPMENT 500. 500. d GIFTS 125. 125. e All other expenses. Add lines 1 through 24e 721,524. 607,403. 78,529. 35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) Image: State	22			480.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 21,869.21,869. a PROGRAM EXPENSE 21,869.21,869. b SITE VISITS 8,516.8,516. c DONOR DEVELOPMENT 500. d GIFTS 125.125. e All other expenses. Add lines 1 through 24e 721,524.607,403.78,529.35,592. 25 Total functional expenses. Add lines 1 through 24e 721,524.607,403.78,529.35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶	23		3,073.		3,073.	
a PROGRAM EXPENSE 21,869. 21,869. b SITE VISITS 8,516. 8,516. c DONOR DEVELOPMENT 500. 500. d GIFTS 125. 125. e All other expenses 721,524. 607,403. 78,529. 35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720) Image: Complete the solid complete the so	24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b SITE VISITS 8,516. 8,516. c DONOR DEVELOPMENT 500. 500. d GIFTS 125. 125. e All other expenses 721,524. 607,403. 78,529. 35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720) Image: Complete the solid complete the s			21 960	21 960		
c DONOR DEVELOPMENT 500. 500. GIFTS 125. 125. e All other expenses 125. 125. 25 Total functional expenses. Add lines 1 through 24e 721,524. 607,403. 78,529. 35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	a					
d GIFTS 125. 125. e All other expenses 125. 125. 25 Total functional expenses. Add lines 1 through 24e 721,524. 607,403. 78,529. 35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720) Image: Complete the state of				.010,0		EUU
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 721,524. 607,403. 78,529. 35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)	-			105		500.
25 Total functional expenses. Add lines 1 through 24e 721,524.607,403.78,529.35,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) 35,592.			14J.	14J.		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶if following SOP 98-2 (ASC 958-720)		· · · · · · · · · · · · · · · · · · ·	701 504		70 500	25 500
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶if following SOP 98-2 (ASC 958-720)			/41,524.	007,403.	18,529.	35,592.
educational campaign and fundraising solicitation. Check here ▶if following SOP 98-2 (ASC 958-720)	26					
Check here Lift following SOP 98-2 (ASC 958-720)						
Form 990 (2015						Form 990 (2015

532010 12-16-15

Form **990** (2015)

10

532011 12-16-15

11 14070519 793698 032-20362100 2015.05070 ACHIEVEMENT REWARDS FOR COL 032-2XY3

ACHIEVEMENT REWARDS FOR COLLEGE

SCIENTISTS SEATTLE CHAPTER

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		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			198,238.	1	260,725.
	2	Savings and temporary cash investments			858,100.	2	167,783.
	3	Pledges and grants receivable, net			568,638.	3	579,750.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	ersons (as defined under			
		section 4958(f)(1)), persons described in section	4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ŝts		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,533.	9	14,822.
	10a	Land, buildings, and equipment: cost or other		1 100			
		basis. Complete Part VI of Schedule D		1,436.	0.5.6		4.7.6
	b	Less: accumulated depreciation		960.	956.	10c	476.
	11	Investments - publicly traded securities				11	504,681.
	12	Investments - other securities. See Part IV, line		E		12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1 () 0 / ()	15	
	16	Total assets. Add lines 1 through 15 (must equ			1,629,465. 1,119,043.	16	1,528,237.
	17	Accounts payable and accrued expenses			1,119,043.	17	1,013,679.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and former					
bili		key employees, highest compensated employee				00	
Lia	00	Complete Part II of Schedule L				22 23	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				23 24	
	24	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,119,043.	26	1,013,679.
		Organizations that follow SFAS 117 (ASC 958			, ,		
S		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			375,080.	27	498,187.
ala	28	Temporarily restricted net assets			135,342.	28	16,371.
ар	29			Γ		29	
Lun		Organizations that do not follow SFAS 117 (A					
r		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SSI	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Z	33	Total net assets or fund balances			510,422.	33	514,558.
	34	Total liabilities and net assets/fund balances			1,629,465.	34	1,528,237.
							Form 990 (2015)

Form **990** (2015)

Form 990 (2015) Part X Balance Sheet

	ACHIEVEMENT REWARDS FOR COLLEGE				
Form	990 (2015) SCIENTISTS SEATTLE CHAPTER	91-10	42292	Pa	ae 12
	rt XI Reconciliation of Net Assets				<u>J-</u>
	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	73	2,3	23.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72	1,5	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	0,7	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			22.
5	Net unrealized gains (losses) on investments	5	-	6,6	63.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	51	4,5	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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 separat	te 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	,			
	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 in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	0			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2015)

Form **990** (2015)

532012 12-16-15

SCHEDULE A							OMB No. 1545-0047
(Form 990 or 990-EZ)		rity Status an nization is a section 50					2015
		47(a)(1) nonexempt cha					2010
Department of the Treasury Internal Revenue Service		Attach to Form 990 or I					Open to Public Inspection
Informat		(Form 990 or 990-EZ) and			/ww.irs.gov/ic		identification number
-		WARDS FOR CO TTLE CHAPTER		I			1-1042292
Part I Reason for Public				is part.) Se	ee instruction		1 1010090
The organization is not a private found							
1 A church, convention of ch		• • •	,	,			
2 A school described in sect							
3 A hospital or a cooperative					ii).		
4 A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and state:							
5 An organization operated f	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	ed in
section 170(b)(1)(A)(iv). (0							
6 A federal, state, or local go	•						
7 X An organization that norma		initial part of its support	from a gov	rernmental	l unit or from t	he general	public described in
section 170(b)(1)(A)(vi). (C 8 A community trust describe			+ 11)				
9 An organization that norma				contributi	ons member	shin fees a	nd gross receipts from
activities related to its exer	•		-			-	•
income and unrelated busi							
See section 509(a)(2). (Co	mplete Part III.)						
10 An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
11 An organization organized	-	•	-			-	
more publicly supported or							heck the box in
lines 11a through 11d that							aivina
a Type I. A supporting orgative the supported organization	-	-					
organization. You must o			a majonty				upporting
b Type II. A supporting org			tion with it	ts support	ed organizati	on(s), bv ha	vina
control or management of					-		•
organization(s). You mus			·				
c 🗌 Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	Ily integrate	ed with,
its supported organizatio							
d Type III non-functionall						-	
that is not functionally in						d an attenti	veness
requirement (see instruct						II. Turne III.	
e Check this box if the organized, o					а турет, туре	п, туре п	
f Enter the number of supported							
g Provide the following information							
(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization in your			(vi) Amount of
organization		(described on lines 1-9 above (see instructions))		document?	support		other support (see
			Yes	No	instruct	ions)	instructions)
							<u> </u>
Total		ruotiono for			0-h-	dulo A /Err	
LHA For Paperwork Reduction Act N Form 990 or 990-EZ. 532021 09-23-15		uctions for			Sche	uule A (FOr	m 990 or 990-EZ) 2015
		13	3				

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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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	706,108.	950,694.	646,492.	873,893.	766,843.	3,944,030.		
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	706,108.	950,694.	646,492.	873,893.	766,843.	3,944,030.		
5	The portion of total contributions	,							
Ű	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,								
	I						30,887.		
~	• • • • • • • • • • • • • • • • • • • •						3,913,143.		
	Public support. Subtract line 5 from line 4.						5,915,145.		
	indar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(d) 2014	(a) 2015	(f) Total		
		(a)2011 706,108.	(b) 2012 950,694.	(c) 2013 646,492.	(d) 2014 873,893.	(e) 2015 766,843.	3,944,030.		
	Amounts from line 4	700,100.	550,054.	040,452.	010,000.	100,043.	5,511,050.		
0	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	2,365.	98.	444.	1,545.	7,174.	11,626.		
•	and income from similar sources	2,303.	90.	444•	1,545.	/,⊥/4•	11,020.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. Add lines 7 through 10						3,955,656.		
	Gross receipts from related activities,	(,			12	250,233.		
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —		
<u> </u>	organization, check this box and stor		roontogo						
	ction C. Computation of Publ						98.93 %		
	Public support percentage for 2015 (14			
	Public support percentage from 2014					15	,,,		
1 6a	33 1/3% support test - 2015. If the c	-							
	stop here. The organization qualifies								
b	33 1/3% support test - 2014. If the c	-							
	and stop here. The organization qual								
17 a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	t VI how the organ	ization		
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟		
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is ⁻	10% or		
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	in Part VI how the			
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s ►		
					Soho	dule A (Earm 990	ar 000 EZ) 001E		

Schedule A (Form 990 or 990-EZ) 2015

ACHIEVEMENT REWARDS FOR COLLEGE

Schedule A (Form 990 or 990-EZ) 2015 SCIENTISTS SEATTLE CHAPTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			1			
	First five years. If the Form 990 is for	r the organization'	's first, second. thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) or	ganization,
		-			-		
Sec	ction C. Computation of Publ						
15	Public support percentage for 2015 (line 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inve					•	
	Investment income percentage for 20		•			17	%
	Investment income percentage from			, , , , , , , , , , , , , , , , , , , ,		18	%
	33 1/3% support tests - 2015. If the						
-	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che	0					·
20	Private foundation. If the organization					-	
	23 09-23-15		,	, , , , , , , , , , , , , , , , , , , ,			1 990 or 990-EZ) 2015
				15		•	,

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
·	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		4		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
800	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b				
-	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9		90-F7	2015
	17		,	

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2015

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Part V

ACHIEVEMENT REWARDS FOR COLLEGE

Scho	dule A (Form 990 or 990-EZ) 2015 SCIENTISTS SE	ATTLE CHAPTER		1-1042292 Page 7
Par		(a)(3) Supporting Orga		1 101000 Fager
	ion D - Distributions	(u)(o) oupporting orge	(continuea)	Current Year
1	Amounts paid to supported organizations to accomplish exe	emnt nurnoses		Ourient real
-	Amounts paid to perform activity that directly furthers exemption			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets		5	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	2	
•	(provide details in Part VI). See instructions.		,	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
c	Excess from 2013			
-	Excess from 2014			
e	Excess from 2015			
			Sebedule A (Earm 990 or 990-E7) 2015

Schedule A (Form 990 or 990-EZ) 2015

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ACHIEVEMENT	REWARDS	FOR	COLLEGE
SCIENTISTS	SEATTLE (СНАРЛ	ER

chequie A	(Form 990 or 990-EZ)	2015 SCIEN	11010	DEVITE	CHAFTER	91-1	042292 _{Pa}
Part VI	Supplemental I Part IV, Section A, lin line 1; Part IV, Section Section D, lines 5, 6.	nformation. Provide the second structure of the seco	rovide the b, 4c, 5a, s; Part IV, s	explanations rea 6, 9a, 9b, 9c, 11 Section E, lines	quired by Part II, line a, 11b, and 11c; Pa Ic, 2a, 2b, 3a and 3	9 10; Part II, line 17a or 17b; Part rt IV, Section B, lines 1 and 2; Pa b; Part V, line 1; Part V, Section E nis part for any additional informa	III, line 12; rt IV, Section C 3, line 1e; Part V
	(See instructions.)						
20020 00 00 7	5					Schedule A (Form	990 or 990 E7
2028 09-23-1	5				20	Schedule A (FOIII	330 01 330-EZ

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

91-1042292

ACHIEVEMENT	' REWARDS	FOR	COLLEGE
SCIENTISTS	SEATTLE	CHAPT	TER

1

Organization type (check one):

Name of the organization

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 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 that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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 addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>18,500.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>17,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u></u> 17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$ <u>18,346.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-26	-15	Schedule B (Form	990, 990-EZ, or 990-PF) (2

Name of organization ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER Employer identification number

91-1042292

(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	
No. Name, address, and ZIP + 4 Total contributions	Person X Payroll
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) (b) (c)	(d) Type of contribution
	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(d) Type of contribution
	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)(b)(c)No.Name, address, and ZIP + 4Total contributions	(d) Type of contribution
	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
	Person Payroll Payroll Point (Complete Part II for noncash contributions.)

14070519 793698 032-20362100 2015.05070 ACHIEVEMENT REWARDS FOR COL 032-2XY3

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Schedule B	(Form 990,	990-EZ, or	990-PF)	(2015)
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Name of organization

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Page **3** Employer identification number

91-1042292

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
	300 SHARES OF DELTIC TIMBER		
5	CORPORATION		
— I			
		\$ 18,346.	04/27/16
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I		(see instructions)	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		. ,	
		_	
		\$	
(a)			
No.	(b)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncestriptoperty given	(see instructions)	Batereceived
		——	
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		. ,	
1			
—		\$	

	B (Form 990, 990-EZ, or 990-PF) (2015)		Page
Name of or	-		Employer identification number
	VEMENT REWARDS FOR COLLI	EGE	01 1040000
Part III	TISTS SEATTLE CHAPTER	ibutions to organizations described	91-1042292 I in section 501(c)(7), (8), or (10) that total more than \$1,000 for
Fartin	the year from any one contributor. Complete c	olumns (a) through (e) and the follov	wing line entry. For organizations
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona		r less for the year. (Enter this info. once.)
(a) No.		•	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	I	(e) Transfer of gif	I
		(0) 11010101 01 3.11	-
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
			[
	I	(e) Transfer of gif	I
		(0) 11010101 01 311	-
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
	/	(e) Transfer of gift	i
	Transferee's name, address, an	d 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	(b) Fulpose of girt	(c) use of gift	
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		(e) Transfer of gif	t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
523454 10-2	26-15	· · · · ·	Schedule B (Form 990, 990-EZ, or 990-PF) (201
		25	

90	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
	n 990)		anization answered "Yes" on Form 990,		2015
		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	ment of the Treasury I Revenue Service		rm 990) and its instructions is at www.irs.go	ov/form990.	Inspection
Nam	e of the organizati				identification number
Der		SCIENTISTS SEATTLE			1-1042292
Pa		•	ed Funds or Other Similar Funds or	ACCOUNTS.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year		(12) + 0.1100 0.11	
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised		
_			exclusive legal control?		Yes No
6			advisors in writing that grant funds can be use		
	impermissible priv		or donor advisor, or for any other purpose cor	-	Yes No
Pa			ganization answered "Yes" on Form 990, Part		
1		servation easements held by the organizat			
-		n of land for public use (e.g., recreation or e		ally important la	and area
		f natural habitat	Preservation of a certified	d historic struct	ure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation e	easement on the last
	day of the tax year				at the End of the Tax Year
b	Ũ				
c d			ructure included in (a)		
u				2d	
3			leased, extinguished, or terminated by the or		ig the tax
	year 🕨			•	•
4	Number of states	where property subject to conservation ea	sement is located		
5		tion have a written policy regarding the pe			
_	,	orcement of the conservation easements			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easemen	ts during the year
7			dling of violations, and enforcing conservatior	occomonte du	ring the year
'	► \$	ses incurred in monitoring, inspecting, han		i easements uu	ring the year
8		vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)	
					Yes No
9			ion easements in its revenue and expense sta		alance sheet, and
	include, if applicat	ole, the text of the footnote to the organiza	tion's financial statements that describes the	organization's	accounting for
Dec	conservation ease				
Pa		-	of Art, Historical Treasures, or Othe	er Similar A	ssets.
10		f the organization answered "Yes" on Forn		t and halance a	boot works of ort
Ia			SC 958), not to report in its revenue statemen hibition, education, or research in furtherance		
		tnote to its financial statements that descr			
b			SC 958), to report in its revenue statement an	d balance shee	t works of art, historical
			ducation, or research in furtherance of public		
	relating to these it	ems:			
-					
2			easures, or other similar assets for financial ga	un, provide	
~		unts required to be reported under SFAS 1		► ¢	
a b					
		eduction Act Notice, see the Instruction			dule D (Form 990) 2015
53205 11-02-	1 -	,			,=>
			26		

Schedule 0.Form 990; 2015 SCIENTISTS SEATURE CHAPTER 91-1042292 Page 29 9 Using the organizations Maintaining Collections of Art, Niestrica Niestrica Schedule 20 Schedule 20 3 Using the organizations Maintaining Collections of Art, Niestrica Other Similar Asset@continued Schedulty research Schedulty research 6 Dray the organizations acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (direct all that apply): d Loan or exchange programs 0 Description d Loan or exchange programs Collection 1000000000000000000000000000000000000		ACHIEVE	MENT REWAR	DS FC	OR COL	LEGE				
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check atir via apply): a	Sche	dule D (Form 990) 2015 SCIENTI	STS SEATTL	E CHA	APTER			91-10	42292	Page 2
cleack all that apply: a Police exhibition b Scholarly research c Provide accipition of those generations cling the sectification of the organization solucitors and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization solucitors and explain how they further the organization's exempt purpose in Part XIII. 6 Other 7 Provide acception of the organization soluciton and the organization acception of	Pa	t III Organizations Maintaining C	Collections of A	rt, Histe	orical Tr	easures, or Ot	her Sir	nilar Asse	ts(continu	ed)
a Public exhibition d □ can or exchange programs b Scholarly research e □ Other c Preservation for future generations e □ Other 1 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 2 Droid by exercide to raise funder rather than to be maintained as part of the organization's collection? □ or exclosed as assets for the organization's exempt purpose in Part XIII. 3 Droid by exercide to answered "Ves" on Form 990, Part X (Ine 20. No Part VI Endowment in Part XIII and complete the following table: □ or exclosed as assets not included on form 990, Part X, Ine 21. 4 Total bit the organization an agent, futurese, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21, for escrow or custodial account liability? □ Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the organization has been provided on Part XIII. □ □ 2a Did the organization include an amount on Form 900, Part X, Ine 21, for escrow or custodial account liability? □ Yes No b If "Yes," explain the assets mortinicude an amount on Form 900, Part X, Ine 21, for escrew or custodial account liability? □ Yes No <tr< td=""><td>3</td><td>Using the organization's acquisition, access</td><td>ion, and other record</td><td>ds, check</td><td>any of the</td><td>following that are a</td><td>a significa</td><td>ant use of its</td><td>collection i</td><td>tems</td></tr<>	3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that are a	a significa	ant use of its	collection i	tems
b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 5 Uning the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solicit or tasks tunks rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line B, or resported an amount on Form 990, Part X, line 21. 1a Is the organization or form 990, Part X, line 21. Te set organization answered 'Yes' on Form 990, Part X, line 21. 1a Is the organization or other assets not included on Form 990, Part X, line 21. Te set organization and part in Part XIII and complete the following table: Amount c Beginning balance Intermediate Part Part MIL Check here If the explanation has been provided on Part XIII. Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete If the organization include an amount on Form 990, Part X, line 20. Yes No b Christie organization include an amount on Form 990, Part X, line 10. Yes Yes No b Christie organization include an amount on Form 990, Part X, line 10. Yes Yes		(check all that apply):								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 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 answered "Yes" on Form 590, Part IV, line 9, or reported an amount on Form 590, Part X, line 21. 1 Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 590, Part X Part X 1 Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 590, Part X Part X 1 Is the organization and part, trustee, custodial or other intermediary for contributions or other assets not included on Form 590, Part X Part X 1 Is the organization and part X Iline 21, for escrow or custodial account lability? 2 Is a part V 2 Endowment Form 990, Part X, line 21, for escrow or custodial account lability? 2 Is a part V 2 Endowment Funds. Complete if the organization answered "Yes" on Form 590, Part X Iline 10. 3 Begrinning of year balance 3 Is Begrinding of year balance 3 Is Begrin	а	Public exhibition	c							
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d Grants or scholarships							-			
e Other expenditures for facilities and programs							+			
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(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1 1 4 b Buildings 1 4 960. 476. c Leasehold improvements 1 4 4 4 t Equipment 1 4 4 4 t Equipment 4 4 4 4 t Equipment 4 4 4 4 4 t Equipment 4 4 4 4 4 4 t Equipment 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 <td< td=""><td>3a</td><td></td><td>ession of the organiz</td><td>ation that</td><td>are neid a</td><td>ind administered to</td><td>r the org</td><td>anization</td><td></td><td></td></td<>	3a		ession of the organiz	ation that	are neid a	ind administered to	r the org	anization		
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI 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 (other) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 476.		-								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI 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 Buildings c Leasehold improvements d Equipment e Other It Land (d) must equal Form 990, Part X, column (B), line 10c.)										_
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI 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 Buildings (d) Book value c Leasehold improvements 1,436. d Equipment 1,436. Pother 476.	h	(II) related organizations							Ja(II)	
Part VI 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									30	
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				owment it	unas.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	1 0			0 Dart IV	lino 110 S	Soo Form 000 Port	V line 1	h		
Image: Second structure Desits (investment) Desits (other) Desits (other) 1a Land Image: Second structure Image: Second structure Image: Second structure b Buildings Image: Second structure Image: Second structure Image: Second structure b Buildings Image: Second structure Image: Second structure Image: Second structure c Leasehold improvements Image: Second structure Image: Second structure Image: Second structure d Equipment Image: Second structure Image: Second structure Image: Second structure e Other Image: Second structure Image: Second structure Image: Second structure Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Image: Second structure Image: Second structure										voluo.
1a Land		Description of property			. ,	. ,			U BOOK	alue
b Buildings	10	Land			54515		-opi colat			
c Leasehold improvements 1,436. 960. 476. d Equipment 1,436. 960. 476. e Other 1 476. 476.										
d Equipment 1,436. 960. 476. e Other										
e Other			4	436				960		476
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										1,0.
				X colum	n (R) line 1	10c)				476.
	Tota		iguari onni 000, i dil	<i>x</i> , courr	, , , , , , , , , , , , , , , , , , ,			Schedule	D (Form 9	

532052 09-21-15

ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

Schedule D (Form 990) 2015 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on 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) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes (2)(3) (4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII L

Schedule D (Form 990) 2015

<u>.</u>	ACHIEVEMEN'I' REWARDS F		91-1042292 Page 4
-	edule D (Form 990) 2015 SCIENTISTS SEATTLE CH		
1 0	Complete if the organization answered "Yes" on Form 990, Part N		ide per neturn.
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Pa	rt XII Reconciliation of Expenses per Audited Financial		
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.	-
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		
Pa	rt XIII Supplemental Information.		

_ _ _ _

~ ~ - - - ~ -

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2015

14070519 793698 032-20362100 2015.05070 ACHIEVEMENT REWARDS FOR COL 032-2XY3

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Name of the organization ACHIEVEMENT REWARDS FOR COLLEGE Employer identification nu SCIENTISTS SEATTLE CHAPTER 91-1042292 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants g Special fundraising events d In-person solicitations g Special fundraising events Form officers, directors, trustees or 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Employer identification nu	5	OMB No. 1545-0 2015 Open to Public Inspection	vities	or 19,	lines 17, 18,)-EZ, line 6a.	Part IV, rm 990 0-EZ.	990, P on Fo rm 99	Form 9 5,000 or Fo	ntal Information Regarding organization answered "Yes" on organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Complete if the	SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g special fundraising events d In-person solicitations d In-person solicitations g special fundraising events f Nail d In-person solicitations g special fundraising events f Nail d In-person solicitations g special fundraising events f Nail d In-person solicitations g special fundraiser Yes N b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser form activity (iv) Gross receipts from activity (vi) Amount to (or retained organizatit) or entity (fundraiser	umber		Employer ide				EGE	OLL	MENT REWARDS FOR C	n ACHIEVE	Name of the organization
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising services? Yes 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes N b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundraiser) for activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (v) Amount to organization organization.	t			line 1	990, Part IV,	n Form	es" o		Complete if the organization answe	sing Activities	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (iv) Gross receipts from activity listed in col. (i)	١٥		Yes	ıstees ?	nent grants grants directors, tru sing services'	overnm nment events fficers, fundrais	non-g gover aising ding o ional f	ion of ion of fundra (inclue rofess	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	e organization rais tions email solicitations tations blicitations on have a written o red in Form 990, P n highest paid ind	 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicit In-person so a Did the organization key employees lister b If "Yes," list the terr
Yes No	ed by)	to (or retaine	or retained by) fundraiser	to (o		1	ustody trol of	have c or cor	(ii) Activity		.,
		<u> </u>					No	Yes			
				ļ							
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.			exempt from re	ia it is	s deen notifie	s or nas			in is registered or licensed to solicit	ich the organizatio	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ	7) 2015	990 or 990_E	dule G (Form 9	Scher		F7	900.1	990 ~	ice see the Instructions for Form	eduction Act Not	

532081 09-14-15

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91-1042292 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
				LUNCHEON		col. (c))
b			(event type)	(event type)	(total number)	
שמעפווחפ	1	Gross receipts	28,150.	189,716.		217,866
	2	Less: Contributions	13,450.	189,616.		203,066
	3	Gross income (line 1 minus line 2)	14,700.	100.		14,800
	4	Cash prizes				
ß	5	Noncash prizes				
	6	Rent/facility costs		43,220.		43,220
הוו בתר בעהבו ואבא	7	Food and beverages				
ן י	8	Entertainment				
	9	Other direct expenses		15,050.		31,889
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	75,109
	11	Net income summary. Subtract line 10 from I				-60,309
a	rt I	• • • • • • • • • • • • • • • •	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	i	(L) Dull tobo/instant		
2			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (a
				bingo/progressive bingo		
4						
	1	Gross revenue				
	1					
	1 2	Gross revenue				
	1 2 3					
		Cash prizes				
	3 4	Cash prizes Noncash prizes Rent/facility costs				
	3 4	Cash prizes	Yes %	Yes %	Yes %	
	3 4	Cash prizes Noncash prizes Rent/facility costs	%	└── Yes% └── No	└── Yes% └── No	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No		No	
	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No	No No	□ No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	No No	□ No	
	3 4 5 6 7 8	Cash prizes	h 5 in column (d)	No No	□ No	
	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduction	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	□ No	No ►	
a	3 4 5 6 7 8 Ent	Cash prizes	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No	No ►	
	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduction	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	No	No ►	
	3 4 5 7 8 Ent Is t If "	Cash prizes	No N	States?	─ No	
	3 4 5 7 8 Ent Is t If "	Cash prizes	No N	States?	─ No	
a b Da	3 4 5 6 7 8 Enti Is t If " 	Cash prizes	No N	states?	─ No	
	3 4 5 6 7 8 Enti Is t If " 	Cash prizes	No N	states?	─ No	
) a b b	3 4 5 6 7 8 Entl Is t If " U U If "	Cash prizes	No N	states?	□ No 	

ACHIEVEMENT REWA	RDS FOR	COLLEGE

Sch	edule G (Form 990 or 990-EZ) 2015 SCIENTISTS SEATTLE CHAPTER 91-1	.042	292	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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 No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		//
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
0	If "Yes," enter name and address of the third party:			
Ŭ				
	Name			
	Name			
	Address			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9.	9b. 10)b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	,	,	,
53208	33 09-14-15 Schedule G (Form	n 990 c	or 990	-EZ) 2015
	20			

Schedule G	à (Form 990 or 990-EZ)	SCIENTISTS	SEATTLE	CHAPTER		91-1042292	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)					0
							000
532084 04-01-15					S	chedule G (Form 990 o	r 990-EZ)
04-01-15				33			

ACHIEVEMENT REWARDS FOR COLLEGE

SCIENTISTS SEATTLE CHAPTER

91-1042292 Page 4

SCHEDULE I (Form 990)		G GO G	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.}	er Assistand d Individual answered "Yes"	ce to Organ s in the Uni on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Information	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Attach to Form 990. Form 990) and its instru-	n 990. instructions is at	: www.irs.gov/form99	G	Open to Public Inspection
Name of the organization	ACHIEVEMENT SCIENTISTS		S FOR COLLEGE CHAPTER	Э				Employer identification number 91-1042292
Part I General In	General Information on Grants and Assistance	Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ubstantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the select	
criteria used to a	criteria used to award the grants or assistance?	ice?						X Yes No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for monit	oring the use of grant f	unds in the Unitec	l States.			
Part II Grants and	Gramts and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	nestic Organiz	ations and Domestic	Governments. Co	omplete if the orga	inization answered "Y	ˈes" on Form 990, Part	IV, line 21, for any
1 (a) Name and ad or gov	1(a) Name and address of organization or government	(b) EIN	if applicable	(d) Amount of cash grant	eu. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON PO BOX 359505 SEATTLE WA 98195		91-6001537	501 (C) 3	377 225	c			FELLOWSHIP FUNDS
CCTOC WM ' THITTE		Т		.022,110				CUNDS THEMOTITE
WASHINGTON STATE UNIVERSITY PO BOX 641030 PULLMAN, WA 98164		91-1075542	501 (C) 3	160,000.	0.			FELLOWSHIP FUNDS
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government or	anizations listed in the	line 1 table				
3 Enter total numbe	Enter total number of other organizations listed in the line 1 table	ted in the line 1	table					
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form	e the Instructi	ons for Form 990.					Schedule I (Form 990) (2015)

10-28-15

Schedule I	Schedule I (Form 990) (2015) SCIENTISTS SEATTLE	TLE CHAPTER	TER			91-1042292 Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	luired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
532102 10.28.15			35			Schedule I (Form 000) (2015)
02-UI 2UI 200	2-13))			OUITEUUIE I I UUIII JUUI

ACHIEVEMENT REWARDS FOR COLLEGE

(Fo	rm 990)	Complete if the org	anizations	answered "Yes" o	n Form 990 Part IV	lines 29 o	r 30	20	15)
Depart	ment of the Treasury	 Attach to Form 990 	•			, 11100 20 0		Open To		
Interna	Revenue Service	Information about \$	Schedule M	(Form 990) and it	s instructions is at	www.irs.go	v/form990.	Inspe	ction	
Nam	e of the organization				LEGE			identificati		
		SCIENTISTS S	EATTLE	CHAPTER			9	1-1042	292	
Pa	rt I Types of	Property	1							
			(a) Check if applicable		(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on		(d) I of determir ontribution a		ts
1	Art - Works of art									
2	Art - Historical trea	sures								
3	Art - Fractional inte	erests								
4		ations								
5		ehold goods								
6		nicles								
7										
8		ty				010 00				
9		y traded	X	6	52,	213.MA	RKET V	ALUE		
10		y held stock								
11	Securities - Partne	1, ,								
12		laneous								
13	Qualified conserva									
14		tion contribution - Other								
15		lential								
16		mercial								
17		r								
18 10										
19 20										
20 21		l supplies								
22										
23		ns								
24		acts								
25)								
26	Other (,)								
27	Other ► (,)								
28	Other ► (,)								
29	Number of Forms	8283 received by the organ	ization durin	g the tax year for c	ontributions					
	for which the orga	nization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
									Yes	No
30a	During the year, di	d the organization receive b	y contributio	on any property rep	oorted in Part I, lines	1 through 2	28, that it			
	must hold for at lea	ast three years from the dat	e of the initia	al contribution, and	d which is not requir	ed to be use	ed for			
	exempt purposes	for the entire holding period	?					30a		X
b	If "Yes," describe t	the arrangement in Part II.								
31	Does the organization	tion have a gift acceptance	policy that r	equires the review	of any non-standard	l contributio	ns?	31		X
32a	Does the organizat	tion hire or use third parties	or related or	rganizations to soli	cit, process, or sell ı	noncash				
	contributions?							32a		X
b	If "Yes," describe i									
33		did not report an amount in	column (c)	for a type of prope	rty for which columr	ı (a) is check	æd,			
	describe in Part II.									

Noncash Contributions

LHA	For Paperwork	Reduction A	ct Notice	saa tha	Instructions	for Form 990
LIIA		neuucuon A		See life	11150 00015	

Schedule M (Form 990) (2015)

OMB No. 1545-0047

532141 08-21-15

SCHEDULE M

		ACHIEVEMENI	REWARDS	FOR	COLLEGE					
Schedule M	(Form 990) (2015)	SCIENTISTS	SEATTLE (CHAPT	ER			04229		Page 2
Part II	is reporting in Par	al Information. Prov rt I, column (b), the num additional information.	ide the information ber of contribution	on require ons, the n	d by Part I, lines 30b umber of items recei	o, 32b, and 33, a ved, or a combi	nd whe nation o	ther the or f both. Als	rganizatio so comple	on ete
532142 08-21-	15						Scho	edule M (F	-orm 990)) (201 [/]
					37					
)70519	793698 03	32-20362100	2015.050			REWARDS	FOR	COL	032-2	2XY3

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.



OMB No 1545-0047

91-1042292

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCIENTISTS SEATTLE CHAPTER

ACHIEVEMENT REWARDS FOR COLLEGE

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.
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FORM 990, PART I, LINE 6:

ARCS HAS 80 ACTIVE MEMBERS WHO EITHER SUPPORT OR ATTEND THE ANNUAL

AUCTION AND FELLOWSHIP 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 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 09-02-15 38

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization ACHIEVEMENT REWARDS FOR COLLEGE	Page 2
SCIENTISTS SEATTLE CHAPTER	Employer identification number 91-1042292
FORM 990, PART III, LINE 4A:	
ARCS FOUNDATION ADVANCES SCIENCE AND TECHNOLOGY IN THE UN	ITED 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 FOUNDAT	ION HAS
AWARDED GRADUATE FELLOWSHIPS TO OUTSTANDING UNITED STATES	CITIZENS
COMPLETING PHD DEGREES IN SCIENCE, ENGINEERING AND MEDICA	L RESEARCH AT
THE UNIVERSITY OF WASHINGTON AND WASHINGTON STATE UNIVERS	ITY. OVER
\$13.7 MILLION HAS BEEN CONTRIBUTED BY THE SEATTLE CHAPTER	TO OVER 900
TALENTED STUDENTS PURSUING THEIR DREAMS TO SOLVE THE SCIE	NTIFIC
CHALLENGES FACING OUR WORLD TODAY. THESE MONIES HAVE GIVE	N OUR STATE'S
RESEARCH UNIVERSITIES A COMPETITIVE EDGE AS THEY RECRUIT	THE NATION'S
FINEST DOCTORAL CANDIDATES TO THEIR PREMIER PROGRAMS.	

FELLOWSHIP GRANTS ARE MADE TO THE UNIVERSITY OF WASHINGTON (UW) AND WASHINGTON STATE UNIVERSITY (WSU). THERE WERE 104 UW FELLOWSHIPS AND 39 WSU FELLOWSHIPS GRANTED DURING THE FISCAL YEAR.

FORM 990, PART III, LINE 4B:

MEMBER PROGRAMS INVOLVE FIELD TRIPS AND EDUCATIONAL EXPERIENCES FOR

MEMBERS IN CONJUNCTION WITH ARCS MEMBER MEETINGS. PRESENTATIONS IN

2015/2016 COVERED TOPICS IN SCIENCE, ENGINEERING, TECHNOLOGY AND MATH.

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 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015) 39

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

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.

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 11:

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:

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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

532212 08-02-15

532212 08-02-15

COMMIT REWARDS FOR COL 032-2XY3
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Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER

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.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY

FOR OVERSIGHT OF THE COMPILED FINANCIAL STATEMENTS.

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

14070519 793698 032-20362100 2015.05070 ACHIEVEMENT REWARDS FOR COL 032-2XY3

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• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).					
	Enter filer	s identifying number, see instructions				
Type or print	Name of exempt organization or other filer, see instructions. ACHIEVEMENT REWARDS FOR COLLEGE	Employer identification number (EIN) or				
due date for filing your return. See instructions.	SCIENTISTS SEATTLE CHAPTER	91-1042292				
	Number, street, and room or suite no. If a P.O. box, see instructions. 4616 25TH AVE NE	Social security number (SSN)				
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98105					

Enter the Return code for the return	that this application is for	(file a separate application	for each return)

Application		Return	Application			Return		
Is For		Code	Is For			Code		
Form 990 or Form 990-EZ		01						
Form 990-BL		02	Form 1041-A		08			
Form	4720 (individual)	03	Form 4720 (other than individual)			09		
Form	990-PF	04	Form 5227		10			
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form	990-T (trust other than above)	06	Form 8870					
STO	P! Do not complete Part II if you were not already granted	l an auton	natic 3-month extension on a previou	sly file	d Form 8868.			
	THE ORGANIZATIO	ON						
• Th	ne books are in the care of 🕨 4616 25TH AVE 1	NE - 3	SEATTLE, WA 98105					
Τe	elephone No. 203-782-1238		Fax No. 🕨					
• If	the organization does not have an office or place of business	s in the Ur						
	this is for a Group Return, enter the organization's four digit					neck this		
box	\blacktriangleright . If it is for part of the group, check this box \blacktriangleright .	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for.		
4	I request an additional 3-month extension of time until		15, 2017					
5	For calendar year, or other tax year beginning	JUL 1	, 2015 , and ending	JUN	30, 2016			
6								
	Change in accounting period							
7	State in detail why you need the extension							
	ADDITIONAL TIME IS RESPECTFULLY REQUESTED TO PREPARE A COMPLETE AND							
	ACCURATE RETURN.							
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any					
	nonrefundable credits. See instructions.			8a	\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid								
previously with Form 8868. 8b \$						0.		
C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using								
EFTPS (Electronic Federal Tax Payment System). See instru				8c	\$	0.		
Signature and Verification must be completed for Part II only.								
Under it is tr	r penalties of perjury, I declare that I have examined this form, includ ue, correct, and complete, and that I am authorized to prepare this fo	ing accomp orm.	anying schedules and statements, and to the	e best o	f my knowledge and be	lief,		

 Title ► CPA
 Date ►

 Form 8868 (Rev. 1-2014)
 Form 8868 (Rev. 1-2014)

523842 04-01-15

Signature

14070519 793698 032-20362100 2015.05070 ACHIEVEMENT REWARDS FOR COL 032-2XY3

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