Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No. 1545-0052

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. For calendar year 2012 or tax year beginning , and ending A Employer identification number Name of foundation 27-1954137 BANK-ON-RAIN Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number 206-285-8273 3841 WOODLAWN AVENUE N City or town, state, and ZIP code C If exemption application is pending, check here SEATTLE, WA 98103-8250 Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here ... I Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ...▶ 17,770. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (b) Net investment (d) Disbursements for charitable purposes (cash basis only) (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income Contributions, gifts, grants, etc., received 3,332. 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 0. Net short-term capital gain 0. Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold ... c Gross profit or (loss) 11 Other income 3.332. 0 0. Total. Add lines 1 through 11 0. 0. 0. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages Pension plans, employee benefits 15 Expenses 16a Legal fees b Accounting fees c Other professional fees and Administrative Interest 18 Taxes Depreciation and depletion 20 Occupancy Travel, conferences, and meetings 21 22 Printing and publications Other expenses STMT 1 23 2,688 0. 0 2,687. 24 Total operating and administrative expenses. Add lines 13 through 23 2,687. 2,688 0. 25 Contributions, gifts, grants paid 0 0. 26 Total expenses and disbursements. Add lines 24 and 25 2,688 0 0 2,687. Subtract line 26 from line 12: 644 a Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) 0.

LHA For Paperwork Reduction Act Notice, see instructions.

C Adjusted net income (if negative, enter -0-)...

Form 990-PF (2012)

27-1954137 Form 990-PF (2012) BANK-ON-RAIN Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. Part II (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 494 17,770 17,770. 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶ 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons _____ 7 Other notes and loans receivable Less: allowance for doubtful accounts Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment: basis Less: accumulated depreciation _____ 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less: accumulated depreciation 15 Other assets (describe ▶ 494 17,770. 17,770. Total assets (to be completed by all filers) Accounts payable and accrued expenses 18 Grants payable 16,632. 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable 22 Other liabilities (describe ▶) 16,632. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Net Assets or Fund Balances** 24 Unrestricted Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here ... > X and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0. 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 494. 1,138. 1,138. Total net assets or fund balances 494. 31 Total liabilities and net assets/fund balances 494 Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	494.
2	Enter amount from Part I, line 27a	2	644.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	1,138.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,138.

Form **990-PF** (2012)

09280827 757286 75161

Part IV Capital Gains	and L	osses for Tax on In	vestmer	nt Income				
		kind(s) of property sold (e.g. e; or common stock, 200 shs			(b)	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b NO	NE							
C								
d					1			9
<u>e</u>								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		ost or other basis expense of sale			(h) Gain or (loss) (e) plus (f) minus (g)
a								
b								
С		,,						
d								
е							W 1.144	4
Complete only for assets showing	g gain i						(I) Gains (Col. (h) gain	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		excess of col. (i) or col. (j), if any		C	òl. (k), but not less thar Losses (from col. (h))
a								
b								
C								
d								
е								
		(If gain, also enter	in Part I, line	e 7	1			
2 Capital gain net income or (net cap	ital los	s) { If gain, also enter If (loss), enter -0-	in Part I, line	e 7	ا لا .	2		
3 Net short-term capital gain or (loss	s) as de	fined in sections 1222(5) and	d (6):					
If gain, also enter in Part I, line 8, o	olumn	(c).	. ,)			
If (loss), enter -0- in Part I, line 8.		Section 4940(e) for	D - d	J.T N4		3		
							Conne	
(For optional use by domestic private	foundat	tions subject to the section 49	940(a) tax o	n net investment in	come	e.)		
If section 4940(d)(2) applies, leave thi	s part b	lank.						
(20 140 15 160 160 160								
Was the foundation liable for the secti					iod?			Yes X No
If "Yes," the foundation does not qualif					-4-7			
1 Enter the appropriate amount in ea	ach coil	imn for each year; see the ins	structions be	efore making any ei	ntries	·		(4)
(a) Base period years		(b) Adjusted qualifying distr	ihutiono	Net value of no	(c)	itable use seest	l Distribu	(d) ution ratio
Calendar year (or tax year beginning	g in)	Aujusted qualifying distr	ibutions	Net value of flor	ilciiai	itable-use asset	s (col. (b) divi	ded by col. (c))
2011					-			
2010	-							
2009								
2008								
2007						35 25		
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the 5-								
the foundation has been in existence	e if less	s than 5 years					3	
Enter the net value of noncharitable	-use as	ssets for 2012 from Part X, lir	ne 5				4	
							9530	
Multiply line 4 by line 3							5	
5 - 10/	(40/	(D. 11 11 - 071)						
Enter 1% of net investment income	(1% 01	Part I, line 2/b)			• • • • • •	• • • • • • • • • • • • • • • • • • • •	. 6	
Add lines F and C							7	
Add lines 5 and 6							7	
Enter qualifying distributions from F	Part XII	line 4					8	
If line 8 is equal to or greater than li							•	··········
See the Part VI instructions.	116 /, 61	ioun tile bux ill Falt VI, illië 1	o, and comp	note that part using	ja 170	iax iait.		

-	m 990-PF (2012) BANK-ON-RAIN		<u> 1954:</u>			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948 -	see ir	ıstrı	uctio	ns)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
	of Part I, line 27b					
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	The state of the s	2				<u> </u>
3		3			<u> </u>	0.
4	, , , , , , , , , , , , , , , , , , , ,	4			-	0.
5		5				0.
6						
	a 2012 estimated tax payments and 2011 overpayment credited to 2012					
	b Exempt foreign organizations - tax withheld at source 6b					
	c Tax paid with application for extension of time to file (Form 8868)					
-	d Backup withholding erroneously withheld 6d					0
7020	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	9				<u> </u>
10	Enter the amount of line 10 to be: Credited to 2013 estimated tax	10				
	art VII-A Statements Regarding Activities	111				
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in		750	Yes	No
	any political campaign?		F	1a		X
1	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published			וט	1000	- 22
	distributed by the foundation in connection with the activities.	50 01				
	E Did the foundation file Form 1120-POL for this year?			1c		X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			10		- 22
525	(1) On the foundation. > \$ 0 . (2) On foundation managers. > \$ \$					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
570	If "Yes," attach a detailed description of the activities.	***********				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/		4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state					
	remain in the governing instrument?			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	WA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for cale					
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addressesS	IMT	.2	10	X	

STMT 2 10 X Form 990-PF (2012)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Total number of other employees paid over \$50,000

P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b			0.
C		1c	0.
d		1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		0.
6	Minimum investment return. Enter 5% of line 5	6	0.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here X and do not complete this part.)	ind certain	
=			
1	Minimum investment return from Part X, line 6	1	- 1.
	Tax on investment income for 2012 from Part VI, line 5	-	
b	Income tax for 2012. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,687.
	Program-related investments - total from Part IX-B	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule) SEE STATEMENT 3	3b	16,632.
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	19,319.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	19,319.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see	e instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2011	2011	2012
1 Distributable amount for 2012 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2012:				
a Enter amount for 2011 only				
b Total for prior years:				
,,				
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				Andrew S. P. S.
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e				
4 Qualifying distributions for 2012 from				
Part XII, line 4: ►\$				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount				
must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
2 Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b	4			
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr				
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a				
D Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				

09280827 757286 75161

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2012) BANK-ON-RAIN Part XV Supplementary Information			27-195	4137 Page 11
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment	T	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a Paid during the year				
NONE				
	-			
G.				
2				
		3		
				**
Total			▶ 3a	0.
b Approved for future payment				
NONE				
NONE				
	7 22			
	1			
Total			▶ 3b	0.

1	DLVVII A	Analysis of Income-Producing Activities	
	Part XVI-A	Analysis of income-Producing Activities	
		, and you or miconine is remaining a remaining	

Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Aillouilt	code	Amount	Turiction income
a					
b		97.1			
·					
d			-		
e					
f					
g Fees and contracts from government agencies			-		
2 Membership dues and assessments					-
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:				2 7/2	
a Debt-financed property					
b Not debt-financed property		1 00			
6 Net rental income or (loss) from personal					
property					The second
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events		A			
10 Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a				******	
b				0.000 - 0.000 - 0.000	0
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	0.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Accor	anlichment of Ex	omnt E	Durnoege	
relationship of Activities to	Tile Accom	iipiisiiiileiit oi L	empt r	urposes	
Line No. Explain below how each activity for which incom			contribute	d importantly to the accom	plishment of
the foundation's exempt purposes (other than b	y providing fund	s for such purposes).			2 10 10 10 10 10
			31113-123		
	_		-	190000000000000000000000000000000000000	
2000	3196533	(4-1-4-1			
		ANTO ASI NACIONAL			
				200a200a - 1. ggr/200a	

223621 12-05-12

27-1954137 Form 990-PF (2012) BANK-ON-RAIN Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** No Yes Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash _____ 1a(1) X 1a(2) (2) Other assets b Other transactions: X (1) Sales of assets to a noncharitable exempt organization 1b(1) X (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) X 1b(5) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations X 1b(6) Х c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no. (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? X No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/AUnder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete peclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instr.)? Sign Here MANAGING DIR X Yes Signature of officer or trustee Title Print/Type preparer's name Preparer's signature Date Check self- employed THOMAS M. OGDEN, Paid P00105728 THOMAS M. OGDEN Preparer

> (775) 827-5055 Form 990-PF (2012)

Firm's EIN ▶ 88-0189498

Phone no.

Use Only

Firm's name ► CUPIT, MILLIGAN, OGDEN & WILLIAMS

Firm's address ▶ 1695 MEADOW WOOD LANE, STE 100 RENO, NV 89502-6511

FORM 990-PF	OTHER E	XPENSES	STATEMENT 1				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES			
LICENSES SUBCONTRACTOR SUPPLIES	805. 71. 1,812.	0. 0. 0.	0. 0. 0.	805. 70. 1,812.			
TO FORM 990-PF, PG 1, LN 23	2,688.	0.	0.	2,687.			
FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 2 PART VII-A, LINE 10							
NAME OF CONTRIBUTOR	ADDR	ESS					
MIKE AND GAIL WILLAIMSON		3841 WOODLAWN AVENUE N SEATTLE, WA 98103					
BLUE PLANET NETWORK		BOX 3059 DOD CITY, CA 9	4064				

FORM 990-PF

EXPLANATION OF CASH SET-ASIDE PART XII, LINE 3B

STATEMENT

BANK ON RAIN WAS SELECTED FOR FUNDING FROM THE BLUE PLANET NETWORK OF 2 URGENTLY NEEDED RAINWATER SYSTEMS FOR SCHOOLS IN SIERRA LEONE, AFRICA. THE FUNDING WAS DISTRIBUTED AT THE VERY END OF 2012 FOR THE 2 PROJECTS TO OCCUR IN 2013.

FORM 990-PF STATEMENT PART XV - LINE 1A LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

MIKE WILLIAMSON GAIL WILLIAMSON

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MIKE WILLIAMSON 3841 WOODLAWN AVENUE N SEATTLE, WA 98103

TELEPHONE NUMBER NAME OF GRANT PROGRAM

206.285.8273

SAFE SANITATION FIRST

EMAIL ADDRESS

INFO@BANKONRAIN.COM

FORM AND CONTENT OF APPLICATIONS

PLEASE CONTACT US TO CONTRIBUTE MONEY = FIND OUT WHICH PROJECTS WE ARE RAISING MONEY FOR = WE FOCUS ON SCHOOLS AND HELPING SMALL BUSINESSES RELATED TO INSTALLING RAINWATER HARVESTING SYSTEMS. WE ARE ALSO SEEKING FUNDING FOR OUR FULLSTOP FAUCET.

ANY SUBMISSION DEADLINES

DEADLINES WILL DEPEND ON THE TYPE OF PROJECT, TIME OF YEAR AND AVAILABILITY OF PERSONNEL.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE BANK ON RAIN SELECTION PROCESS IS FINAL AND WE RESERVE THE RIGHT TO INVITE OR REJECT ANY APPLICANTS FOR WHATEVER REASON WE DEEM APPROPRIATE.

Form **8868**

(Rev. January 2013)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

100							
@ If	re filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box			X	
ir you a	re filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form			
Do not co	implete Part II unless you have already been granted	an automa	atic 3-month extension on a previou	sly filed F	orm 8868.		
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need :	a 3-month automatic extension of tir	ne to file	(6 months for a	corporation	
required to	o file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically t	ile Form 8	8868 to request	an extension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With	Certain	
Personal [Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details	on the ele	ctronic filing of t	his form,	
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corporationly	tion required to file Form 990-T and requesting an autor						
All other c	orporations (including 1120-C filers), partnerships, REM me tax returns.						
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	er identification r	umber (EIN) or	
print	DANIK ON DATN				27 10E/	1127	
File by the	BANK-ON-RAIN		Minus a	Casiala	27-1954		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 3841 WOODLAWN AVENUE N	ee instruc	tions.	Social se	ecurity number (5514)	
instructions.	City, town or post office, state, and ZIP code. For a for	oreign add	ress, see instructions.				
	SEATTLE, WA 98103-8250	W.					
Enter the F	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applicatio	n	Return	Application			Return	
s For		Code	Is For			Code	
harry of the second	or Form 990-EZ	01	2000 appear to the second of t				
orm 990-l	3L	02	Form 1041-A				
orm 4720	(individual)	03	Form 4720				
Form 990 PE			Form 5227				
-orm 990-l			Form 6069				
	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
orm 990-	Γ (sec. 401(a) or 408(a) trust) Γ (trust other than above)	05 06	Form 6069 Form 8870	-		11 12	
orm 990-		06					
orm 990- orm 990-	(trust other than above)	06	Form 8870	98103			
orm 990- orm 990-	(trust other than above) MIKE WILLIAMSON	06	Form 8870	98103			
The boo	T (trust other than above) MIKE WILLIAMSON oks are in the care of ▶ 3841 WOODLAWN A one No.▶ 2062858273 ganization does not have an office or place of business	06 N AVENUE s in the Un	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box			12	
The boo	T (trust other than above) MIKE WILLIAMSON oks are in the care of ▶ 3841 WOODLAWN A one No.▶ 2062858273	06 N AVENUE s in the Un	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box			12	
The boo Telepho If the or	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A One No. ▶ 2062858273 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box ▶	06 NAVENUS s in the Un Group Exe	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box	f this is fo	r the whole grou	12 ▶ □ p, check this	
The boo Telepho If the or If this is	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A The No. ▶ 2062858273 In ganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box ▶ Lest an automatic 3-month (6 months for a corporation)	NAVENUI s in the Un Group Exe and atta required t	Form 8870 EN - SEATTLE, WA FAX No. In the second	f this is fo all memb	r the whole grou ers the extensio	12 ▶ □ p, check this	
The boo Telepho If the or If this is boox	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A One No. ▶ 2062858273 Granization does not have an office or place of business for a Group Return, enter the organization's four digit of the interval of the group, check this box ▶ Luest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemption of the group of the the exemption of the group of the gr	NAVENUI s in the Un Group Exe and atta required t	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box	f this is fo all memb	r the whole grou ers the extensio	12 p, check this	
The book Telepho If the or If this is DOX I required is for	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A One No. ▶ 2062858273 Ganization does not have an office or place of business for a Group Return, enter the organization's four digit of a Group Return of the group, check this box ▶ Luest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exempt the organization's return for:	NAVENUI s in the Un Group Exe and atta required t	Form 8870 EN - SEATTLE, WA FAX No. In the second	f this is fo all memb	r the whole grou ers the extensio	12 ▶ □ p, check this	
Form 990- Form 990- The boo Telepho If the or If this is Doox I require is for	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A one No. ▶ 2062858273 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of a Group Return, enter the organization's four digit of a Group Return of the group, check this box ▶ Lest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exempt the organization's return for: Calendar year 2012 or	NAVENUE s in the Un Group Exe and atta required t	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box mption Number (GEN) I ch a list with the names and EINs of o file Form 990-T) extension of time ion return for the organization name	f this is fo all memb	r the whole grou ers the extensio	12 ▶ □ p, check this	
Form 990- Form 990- The boo Telepho If the or If this is Doox I require is for	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A One No. ▶ 2062858273 Ganization does not have an office or place of business for a Group Return, enter the organization's four digit of a Group Return of the group, check this box ▶ Luest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exempt the organization's return for:	NAVENUE s in the Un Group Exe and atta required t	Form 8870 EN - SEATTLE, WA FAX No. In the second	f this is fo all memb	r the whole grou ers the extensio	12 ▶ □ p, check this	
The boo Telepho If the or If this is box I required is for	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A The No. ▶ 2062858273 In a Group Return, enter the organization's four digit of the group, check this box ▶ Lest an automatic 3-month (6 months for a corporation organization's return for: AUGUST 15, 2013 The the exemption of the graph of the graph organization's return for: Calendar year 2012 The trust other than above)	06 NAVENUI s in the Un Group Exe and atta required t t organizat	Form 8870 EN - SEATTLE, WA FAX No. Interpretation in the second of the	f this is fo all memb until ed above.	r the whole grou ers the extension The extension	12 ▶ □ p, check this	
The boo Telepho If the or If this is box I required is for	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A One No. ▶ 2062858273 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of a Group Return, enter the organization's four digit of a group Return, enter the organization's four digit of a Group Return, enter the organization's four digit of a Group Return, enter the organization's four digit of the group, check this box ▶ □ Usest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemption the organization's return for: Calendar year 2012 or tax year beginning □ tax year entered in line 1 is for less than 12 months, cleans.	06 NAVENUI s in the Un Group Exe and atta required t t organizat	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box	f this is fo all memb	r the whole grou ers the extension The extension	12 ▶ □ p, check this	
Form 990- Form 990- The boo Telepho If the or If this is DOX I I require is for	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A The No. ▶ 2062858273 In a Group Return, enter the organization's four digit of the group, check this box ▶ Lest an automatic 3-month (6 months for a corporation organization's return for: AUGUST 15, 2013 The the exemption of the graph of the graph organization's return for: Calendar year 2012 The trust other than above)	06 NAVENUI s in the Un Group Exe and atta required t t organizat	Form 8870 EN - SEATTLE, WA FAX No. Interpretation in the second of the	f this is fo all memb until ed above.	r the whole grou ers the extension The extension	12 ▶ □ p, check this	
The book Telephor If the or If this is book I require is for I require I I require I I I require I I I I I I I I I I I I I I I I I I I	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A One No. ▶ 2062858273 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of a Group Return, enter the organization's four digit of a group Return, enter the organization's four digit of a Group Return, enter the organization's four digit of a Group Return, enter the organization's four digit of the group, check this box ▶ □ Usest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemption the organization's return for: Calendar year 2012 or tax year beginning □ tax year entered in line 1 is for less than 12 months, cleans.	NAVENUE s in the Un Group Exe and atta required t t organizat , and	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box mption Number (GEN) I ch a list with the names and EINs of of file Form 990-T) extension of time ion return for the organization name dending on: Initial return I	f this is fo all memb until ed above.	r the whole grou ers the extension The extension	12 p, check this	
The book Telepho If the or If this is DOX If the or If t	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A Sine No. ▶ 2062858273 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of the incomposition of the group, check this box ▶ Lest an automatic 3-month (6 months for a corporation of the organization's return for: AUGUST 15, 2013 , to file the exemption of the organization's return for: Calendar year 2012 or tax year beginning tax year entered in line 1 is for less than 12 months, cle Change in accounting period	NAVENUE s in the Un Group Exe and atta required t t organizat , and	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box mption Number (GEN) I ch a list with the names and EINs of of file Form 990-T) extension of time ion return for the organization name dending on: Initial return I	f this is fo all memb until ed above.	r the whole grou ers the extension The extension	12 p, check this	
The book Telephore If the or If this is sook I I require I I require I I I require I I I require I I I require I I I I I I I I I I I I I I I I I I I	MIKE WILLIAMSON oks are in the care of ▶ 3841 WOODLAWN A one No. ▶ 2062858273 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of a Group Return of the group, check this box ▶ uest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exempt the organization's return for: Calendar year 2012 or tax year beginning tax year entered in line 1 is for less than 12 months, cleaning in accounting period sapplication is for Form 990-BL, 990-PF, 990-T, 4720, organization is for Form 990-BL, 990-PF	06 N AVENUI s in the Un Group Exe and atta required t t organizat , and	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box	f this is for all member untiled above.	r the whole grou ers the extension The extension	p, check this n is for.	
The book Telephor If this is sook If the or If the or If the or If this is for If the If this If the If this	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A One No. ▶ 2062858273 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of a Group Return of the group, check this box ▶ Lest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemption of the organization's return for: Calendar year 2012 or tax year beginning tax year entered in line 1 is for less than 12 months, cleaning in accounting period capplication is for Form 990-BL, 990-PF, 990-T, 4720, or effundable credits. See instructions. Capplication is for Form 990-PF, 990-T, 4720, or 6069, or application is for Form	of NAVENUI s in the Un Group Exe and atta required to required to required to reason t	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box	f this is for all membrands above.	r the whole groupers the extension The extension	p, check this n is for.	
The book Telepho If the or If this is Doox I I require If the If	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A One No. ▶ 2062858273 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box ▶ Lest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exempt the organization's return for: Calendar year 2012 or tax year beginning tax year entered in line 1 is for less than 12 months, cleaning in accounting period capplication is for Form 990-BL, 990-PF, 990-T, 4720, or entered tax payments made. Include any prior year overpated.	of NAVENUI s in the Un Group Exe and atta required to required to required to reason	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box	f this is for all member untiled above.	r the whole grou ers the extension The extension	p, check this n is for.	
The book Telephor If the or If this is DOX I I require Is for I I fel Is for Is	MIKE WILLIAMSON Oks are in the care of ▶ 3841 WOODLAWN A One No. ▶ 2062858273 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of a Group Return of the group, check this box ▶ Lest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemption of the organization's return for: Calendar year 2012 or tax year beginning tax year entered in line 1 is for less than 12 months, cleaning in accounting period capplication is for Form 990-BL, 990-PF, 990-T, 4720, or effundable credits. See instructions. Capplication is for Form 990-PF, 990-T, 4720, or 6069, or application is for Form	of NAVENUE s in the Un Group Exe and atta required to required to required to reason or 6069, er enter any in ayment all yment with	Form 8870 EN - SEATTLE, WA FAX No. ited States, check this box	f this is for all membrands above.	r the whole groupers the extension The extension	p, check this n is for.	

Form 886	68 (Rev. 1-2013)					Page 2
f lf you a	are filing for an Additional (Not Automatic) 3-Month Ex	xtension,	complete only Part II and check thi	s box		▶ X
	ly complete Part II if you have already been granted an			iled Form	ı 8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no d	copies nee	eded)
			Enter filer's	identify	ing number,	see instructions
Type or	Name of exempt organization or other filer, see instru	uctions		Employe	er identificati	on number (EIN) or
print						
File by the due date for Number street and room explicit points are room explicit points and room explicit points are room explicit points.						
filing your filing your 2001 a troop and from a science of the first details.						er (SSN)
return. See instructions.	3841 WOODLAWN AVENUE N		•		0.00 Co.00 Co.	
moti dottorio.	City, town or post office, state, and ZIP code. For a formal Research	oreign add	dress, see instructions.			
	SEATTLE, WA 98103-8250	70	× ×			
F	Determined for the section that this condition is for (6)					0 4
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)	•••••	•••••	
Annliaati		Datum	Aunliantian			Daturn
Application Is For	511	Return	Application Is For			Return
	or Form 990-EZ	Code 01	IS FOI			Code
Form 990		02	Form 1041-A			08
	0 (individual)	03	Form 4720			09
Form 990		03	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
	o not complete Part II if you were not already granted			iously fil	ed Form 886	
	MIKE WILLIAMSON		nace o month oxtension on a pro-		0.111.000	<u> </u>
The bo	oks are in the care of > 3841 WOODLAWN		E N - SEATTLE, WA	98103	}	
	one No. ► 2062858273		FAX No.			
	rganization does not have an office or place of business	s in the Ur	**************************************			
	s for a Group Return, enter the organization's four digit (group, check this
box ▶ [ch a list with the names and EINs of			
4 I rec			BER 15, 2013.		4	
5 For	calendar year 2012 , or other tax year beginning		, and ending	9		
6 If the	e tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final	return	
	Change in accounting period					
7 Stat	e in detail why you need the extension					
	DITIONAL TIME IS NEEDED DUE				N	
IN	DIVIDUAL HAVING SOLE AUTHORI	TY TO	EXECUTE THE RETU	RN		
					1	
8a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any			27-27
c Something to	refundable credits. See instructions.			8a	\$	0.
	s application is for Form 990-PF, 990-T, 4720, or 6069,	· · · · · · · · · · · · · · · · · · ·				
0.000.000	payments made. Include any prior year overpayment allo	owed as a	credit and any amount paid			12
	viously with Form 8868.	- Control of the Control		8b	\$	0.
	nce due. Subtract line 8b from line 8a. Include your pay	š	n this form, if required, by using		.v=	•
EFTE	PS (Electronic Federal Tax Payment System). See instru			8c	\$	0.
Inda			t be completed for Part II o			
under penal Lis true, com	ties of perjury, I declare that I have examined this form, includi rrect, and complete, and that I am authorized to prepare this for	ng accompa	anying schedules and statements, and to	the best o	t my knowledg	je and belief,
- 1				5 .	_	
Signature	► Title ►			Date		
					Form 8	868 (Rev. 1-2013)

223842 01-21-13