PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 5187

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

and ending

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

В	Check if applicabl	C Name of organization		D Employer identif	fication number					
Г	Addre	Washington Women's Foundation								
H	Name			91-1754933						
F	chang	<u> </u>	oom/cuito	E E Telephone number						
F	return Final	2100 24+h Ave G	30		-340-1710					
	—Jreturn. termin ated		-	G Gross receipts \$	1,620,568.					
Г	Amen			H(a) Is this a group						
F	return Applic				s? Yes X No					
_	pendi	same as C above								
$\overline{}$	Tay.ey	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	527							
		te: > wawomensfoundation.org		H(c) Group exempti						
		forganization: X Corporation Trust Association Other	1 Year o		M State of legal domicile: WA					
	art I	Summary	L Tour	oriorination: = = = =	W State of logal dofficies, 1122					
		Briefly describe the organization's mission or most significant activities: Washin	naton	Women's Fo	oundation is					
Governance	1.	a strong and inclusive collective of information	rmed	women who t	cogether					
'n	2	Check this box if the organization discontinued its operations or dispose								
ĕ	1			3	18					
		Number of independent voting members of the governing body (Part VI, line 1b)			18					
Š		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			7					
įŧį		Total number of volunteers (estimate if necessary)			200					
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
⋖		Net unrelated business taxable income from Form 990-T, line 34								
	 ~			Prior Year	Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,449,364						
		Program service revenue (Part VIII, line 2g)		2,335						
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		168,507						
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		405	-					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,620,611						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		884,750						
		Benefits paid to or for members (Part IX, column (A), line 4)		0 .	0.					
Ś		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		408,527	424,149.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0 .	0.					
g	b	Total fundraising expenses (Part IX, column (D), line 25) 32,622	2.							
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		261,947	227,223.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,555,224	1,532,872.					
	19	Revenue less expenses. Subtract line 18 from line 12		65,387	53,412.					
Or Sec	3	·		ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		4,900,526	5,072,489.					
ASS	21	Total liabilities (Part X, line 26)		313,818	289,829.					
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		4,586,708	4,782,660.					
P	art II	Signature Block								
Unc	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of r	ny knowledge and belief, it is					
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer	has any knowledge.						
Sig	ın	Signature of officer		Date						
He	re	N. Elizabeth McCaw, President								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai	d	,	PA 0	8/09/17 self-emplo						
Pre	parer	Firm's name Jacobson Jarvis & Co, PLLC		Firm's EIN ▶	91-2011386					
Use Only Firm's address 200 First Ave West, Suite 200										
		Seattle, WA 98119-4219		Phone no. (2	206)-628-8990					
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WWF is a large scale collective giving organization that educates,
	inspires and increases the number of women committed to philanthropy
	in order to strengthen community and demonstrate the impact that can
	result from informed, focused grant-making.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 507,476 • including grants of \$ 510,000 •) (Revenue \$)
	Pooled Grant making: The Foundation made five grants of \$100,000 each,
	totaling \$500,000 to regional nonprofit organizations, one each in:
	arts, education, environment, health, and human services. 70-80 members
	invest more than 2,000 hours annually in the grant-making process,
	participating in a rigorous review procedure with the grantees
	ultimately selected by a vote of the membership. Merit grants totaling
	\$10,000 are awarded to the five runner-up organizations.
4b	(Code:) (Expenses \$ 126,869 • including grants of \$ 354,500 •) (Revenue \$
	Individual Recommended Grant making: Foundation members may recommend
	individual grants of \$500 or \$1,000 to qualified nonprofit
	organizations. Each member's grant recommendations are reviewed to
	ensure that the grantees are 501(C)(3) organizations in good standing.
	All grants are approved by the board of directors prior to payment. In
	2016, \$354,500 was granted to 315 nonprofits.
4c	(Code:) (Expenses \$ 507,476 • including grants of \$) (Revenue \$ 3,390 •)
	Education: Foundation members participate in a broad spectrum of
	learning opportunities, such as leadership forums, philanthropy
	skill-building workshops, issues discussions, and "hands-on" grant
	making through committee work and site visits. In 2016, 44 educational
	events were attended by over 1,500 members and guests. We have over 200
	active committee members and 2,500 volunteer hours are invested each
	year in our programs.
	<u> </u>
44	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ 126,869 • including grants of \$ 17,000 •) (Revenue \$)
40	Total program service expenses \(\bigs\) 1, 268, 690.
	Form 990 (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	44.1		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		21
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
izu	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
. -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		-22
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form 990 (2016) Washington Women's Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
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		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
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?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) Washington Women's Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part v					Ш
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				Х	
_	(gambling) winnings to prize winners?	 T	 I	1c	Λ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		7			
	filed for the calendar year ending with or within the year covered by this return		L	Ol-	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the course of lines 1a and 0a is greater than 250 year group to us gridle at a file (as a instruction			2b	Λ	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction			20		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over a	SD		
чu	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
b	If "Yes," enter the name of the foreign country:	accoc		1 4		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transi			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	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 contribu	tions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					,,
	to file Form 8282?	1	 I	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u> </u>			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
0	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	J Dy II	i c	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	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					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	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	401	I			
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand		<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		 -
ט	in 100, has teniou an offin 120 to report those payments: If 140, provide an explanation in our edu				990	(2016)
						\/

Form 990 (2016)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to mile ed, es, et i es solon, decembe the directinetaries, proceeded, of charges in contention of			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	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 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		\ ₃₇
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	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 appoint one or	l _	- V	
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			٦,
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а		8a	X	
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 reached at the			٦,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	l		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b			v	
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	- V	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	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 arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d 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 books and records:			
	Kathy Wehle - 206-340-1710			
	2100 24th Ave S #330, Seattle, WA 98144			

Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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."
- 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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	not c	Pos	Position eck more than one			Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				is bot	h an	1 '	compensation	amount of
	week (list anv				100)	from the	from related organizations	other		
	hours for	Individual trustee or director				D.		organization	(W-2/1099-MISC)	compensation from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Martha Kongsgaard	4.00	드	드	5	황	포등	요			
Board Chair	1.00	x		x				0.	0.	0.
(2) Grace Chien	4.00								•	
Board Vice Chair		х		x				0.	0.	0.
(3) Kathy Edwards	4.00									
Treasurer		Х		х				0.	0.	0.
(4) Cherry Banks	4.00									
Secretary		Х		Х				0.	0.	0.
(5) Chris Charbonneau	2.00									
Director		Х						0.	0.	0.
(6) Barbara Fielden	2.00									
Director		Х						0.	0.	0.
(7) Carrie George	2.00								_	_
Director		Х						0.	0.	0.
(8) Jodi Green	2.00									•
Director	0 00	Х						0.	0.	0.
(9) Molly Hanlon	2.00	,,							0	0
Director	2 00	Х						0.	0.	0.
(10) Kate Janeway	2.00	\ \							0	^
Director	2.00	Х						0.	0.	0.
(11) Bo Lee	2.00	Х						0.	0.	0.
Director (12) Carol Lewis	2.00	^						0.	0.	<u></u>
Director	2.00	X						0.	0.	0.
(13) Diankha Linear	2.00							0.	•	
Director	2.00	x						0.	0.	0.
(14) Donna Lou	2.00							•		
Director		х						0.	0.	0.
(15) Laura Midgley	2.00									
Director		х						0.	0.	0.
(16) Patti Meyers	2.00									
Director		Х						0.	0.	0.
(17) Mary Stevens	2.00									
Director		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Tru		iplo <u>y</u>	/ees			ighe	st C					(F)	
(A)	(B) Average			Pos	C) :ition	1		(D)	(E)		_	(F)	
Name and title	hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation		l	stimate nount	
	week					or/trus		from	from relate		aii	other	Oi
	(list any	· director						the	organization		com	pensa	ıtion
	hours for	or dire				ted		organization	(W-2/1099-MI	SC)	fr	om the	е
	related	trustee or	trustee			ben sa		(W-2/1099-MISC)			ı ~	anizat	
	organizations below	ual tru	ional		ploye	t com	١.				l	d relat anizati	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ai iiZati	0113
(18) Susie Tull	2.00	†	†		Ť	1	_						
Director		Х						0.		0.			0.
(19) Beth McCaw	40.00												
President	1.0.00			Х				134,000.		0.		4,0	20.
(20) Kathy Wehle	12.00	4		,,				24 000		^		0	٥.
CFO	-	-	<u> </u>	Х	<u> </u>	-		34,090.		0.		8	85.
		4											
		1	\vdash		\vdash								
		1											
		1											
		4											
		<u> </u>											
		4											
4b Cub total		<u> </u>						168,090.		0.		4,9	05
1b Sub-total c Total from continuation sheets to Part \								0.		0.		- ,,	03.
d Total (add lines 1b and 1c)								168,090.		0.	4,905		
Total number of individuals (including but							no re	•	000 of reportab		<u> </u>	-,-	
compensation from the organization						- ,			o, coo o roportan				1
												Yes	No
3 Did the organization list any former office				•	•	•							
line 1a? If "Yes," complete Schedule J for	such individual	·									3		X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$1											4		Х
5 Did any person listed on line 1a receive or	•				•	•		· ·			_		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Scheau	ie J i	or s	ucn	pers	son					5		Λ
Complete this table for your five highest or	ompensated in	den	ende	ent c	cont	racto	ors t	hat received more than	\$100,000 of cor	nnens	sation t	from	
the organization. Report compensation fo													
(A)								(B)			(0		
Name and busines	s address	N	INC	3				Description of s	services	C	Compe	nsatio	n
							_						
							\dashv						
							\dashv						
2 Total number of independent contractors	(including but	20+ II	mito	d +c	tha	SC	stoc	1 above) who received a	noro than				
2 Total number of independent contractors \$100,000 of compensation from the organ		IUL II		u 10		0	o t e O	above, who received h	noie ulaii				

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		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
iran Oun		Membership dues		233,725.				
A G		Fundraising events		-				
ar (#		Related organizations						
S,E		Government grants (contribut						
isi		All other contributions, gifts, gran	· -					
the late		similar amounts not included abo		212,607.				
ÖĒ	а	Noncash contributions included in lines		· · · · · · · · · · · · · · · · · · ·				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		>	1,446,332.			
				Business Code				
Program Service Revenue	2 a	Education Event	Fees	611600	3,390.	3,390.		
	b							
	С							
am	d	·						
Pg R	е							
P.	f	All other program service reve	enue					
		Total. Add lines 2a-2f			3,390.			
	3	Investment income (including						
		other similar amounts)			66,989.			66,989.
	4	Income from investment of ta		_				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	102,653.					
	b	Less: cost or other basis						
		and sales expenses	34,284.					
	С	Gain or (loss)	68,369.					
	d	Net gain or (loss)			68,369.			68,369.
ne	8 a	Gross income from fundraisin	g events (not					
		including \$	of					
Other Reve		contributions reported on line	1c). See					
푸		Part IV, line 18	а					
Ĕ∣	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	draising events	<u></u>				
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	· <u>·····</u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale	s of inventory	<u>,</u>				
		Miscellaneous Revenu	ie	Business Code				1 664
		Other Fees		900099	1,204.			1,204.
	b							
	С							
		All other revenue			1 004			
	е	Total. Add lines 11a-11d			1,204.		^	126 560
	12	Total revenue. See instructions.			⊥,500,284.	3,390.	υ.	136,562.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21	881,500.	881,500.		
2	Grants and other assistance to domestic	001/3001	001,3001		
2					
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	160 000	F2 F00	00 000	12 400
	trustees, and key employees	168,090.	73,700.	80,990.	13,400.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	198,547.	166,352.	20,581.	11,614.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10,285.	6,891.	2,674.	720.
9	Other employee benefits	16,799.	13,435.	2,561.	803.
10	Payroll taxes	30,428.	20,489.	7,945.	1,994.
11	Fees for services (non-employees):		·		·
	Management				
b	Legal	3,433.		3,433.	
		24,984.		24,984.	
	Accounting	21,0010		21/201	
d	, , , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17	56,565.		56,565.	
f	Investment management fees	30,303.		30,303.	
g	,	25 016	10 266	F 060	1 200
	column (A) amount, list line 11g expenses on Sch 0.)	25,816.	19,366.	5,068.	1,382. 7.
12	Advertising and promotion	2,001.	1,970.	24.	1 000
13	Office expenses	49,250.	28,570.	19,382.	1,298.
14	Information technology				
15	Royalties				
16	Occupancy	15,098.	10,095.	3,959.	1,044.
17	Travel	1,097.	1,021.	60.	16.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	45,992.	44,649.	1,066.	277.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,987.	652.	2,268.	67.
23 24	Other expenses. Itemize expenses not covered	=,50,•	002.	2,2000	<u> </u>
24	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.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,532,872.	1,268,690.	231,560.	32,622.
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				
60001	0 11-11-16				Form 990 (2016)

Pal	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		348,221.	1	367,280.	
	2	Savings and temporary cash investments	1,079,549.	2	1,092,928.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
छ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net			7		
¥	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges	4,720.	9	1,250.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	60,458.			
	b	Less: accumulated depreciation		37,738.	0.	10c	22,720.
	11	Investments - publicly traded securities			3,468,036.	11	3,588,311.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			4,900,526.	16	5,072,489.
	17	Accounts payable and accrued expenses			31,652.	17	52,830.
	18	Grants payable	264,166.	18	225,999.		
	19	Deferred revenue		18,000.	19	11,000.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r office	• • • • • • • • • • • • • • • • • • • •			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
5	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			313,818.	26	289,829.
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here X and			
S S		complete lines 27 through 29, and lines 33 an	nd 34.				
Š	27	Unrestricted net assets			990,720.	27	1,024,958.
3ale	28	Temporarily restricted net assets			989,165.	28	1,125,529.
βE	29	Permanently restricted net assets		<u></u>	2,606,823.	29	2,632,173.
Fund Balances		Organizations that do not follow SFAS 117 (A	SC 95	3), check here ▶ 🗌 📗			
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Z	33	Total net assets or fund balances			4,586,708.	33	4,782,660.
	34	Total liabilities and net assets/fund balances			4,900,526.	34	5,072,489.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			1 50	<i>c</i> 2	0.4
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,58		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,53		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,58		
5	Net unrealized gains (losses) on investments	5	14	2,5	<u>41.</u>
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	4,78	2,6	61.
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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X 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	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	•	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				en's Foundat					1-1754933
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ı	ınit descrik	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	je or
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	ıfety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section (509(a)(3). C	Check the box in
	_	lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b			anization supervised	or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
	_	its supported organization		•					
d								•	* *
		that is not functionally int	-		•		· ·	d an attent	iveness
		requirement (see instruct	•	•					
е		☐ Check this box if the orga					a Type I, Type	II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organi	zation.			
f		er the number of supported of							
<u>g</u>		vide the following information i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monotory	(vi) Amount of other
	,	organization	(11) = 114	(described on lines 1-10		nization listed ng document?	support (see ir	•	support (see instructions)
		9		above (see instructions))	Yes	No			,
Tota	<u> </u>								

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1328514.	1385580.	1363714.	1449364.	1446332.	6973504.
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	4000544	4005500	4060844	1110061	4.4.6000	6050504
4	Total. Add lines 1 through 3	1328514.	1385580.	1363714.	1449364.	1446332.	6973504.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						C072E04
6	Public support. Subtract line 5 from line 4.						6973504.
	• • • • • • • • • • • • • • • • • • • •	(-) 0040	(1-) 0040	(-) 004 4	(-1) 0045	(-) 0040	/6\ T - + - l
	ndar year (or fiscal year beginning in)	(a) 2012 1328514.	(b) 2013 1385580.	(c) 2014 1363714.	(d) 2015 1449364.	(e) 2016 1446332.	(f) Total 6973504.
	Amounts from line 4	1320314.	1303300.	1303/14.	1449304.	1440332.	09/3304.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	71,922.	65,109.	75,275.	65,102.	66,989.	344,397.
9	and income from similar sources Net income from unrelated business	71,522.	03,103.	73,273	03,102.	00,303.	344,3371
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		3,175.	1,176.	405.	1,204.	5,960.
11	Total support. Add lines 7 through 10		,	,		,	7323861.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	22,925.
13	First five years. If the Form 990 is for						<u> </u>
	organization, check this box and stor		, , , , , , , , , , , , , , , , , , ,				>
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2016 (line 6, column (f) di	ivided by line 11, c	column (f))		14	95.22 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	92.19 %
16a	33 1/3% support test - 2016. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	ı			▶ X
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac				-	_	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2015. 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		•				
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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							
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
٠	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
/ 6	, ,						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	() 0040	(1) 0040	() 004.4	(1) 0045	() 0040	(0 T
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	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.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						<u></u> ▶∟
	ction C. Computation of Publ						
15	Public support percentage for 2016 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2015					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2015. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
n 9	90 or 99	90-EZ)	2016

-	dada / (10111 000 01 000 L2) 2010 11 11 11 11 11 11 11 11 11 11 11 11		- 10	igo o
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		
<u>c</u>	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		
Sec	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			
	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		V	
4	Did the exemination provide to each of its supported exeminations, by the last day of the fifth month of the		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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'		
2	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			
3	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
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 Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions		, ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
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 the	ne organization is responsive	Э	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

Name of the organization

Employer identification number

Washington Women's Foundation

91-1754933

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1. Complete Parts I and II.					
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for truelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contribut year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. It is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
but it m u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he 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) (2016)

Name of organization Employer identification number

Washington Women's Foundation 91-1754933

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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		\$\$91,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Washington Women's Foundation

91-1754933

Part II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(-)			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
	-16	Schodule P (Form	990, 990-EZ, or 990-PF) (

Name of organization Employer identification number Washington Women's Foundation

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Washington Women's Foundation

Employer identification number 91-1754933

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Account	S.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at end of year	24		
2	Aggregate value of contributions to (during year)	378,500.		
3	Aggregate value of grants from (during year)	354,500.		
4	Aggregate value at end of year	24,000.		
5	Did the organization inform all donors and donor advisors in		sed funds	
	are the organization's property, subject to the organization's	_		X Yes No
6	Did the organization inform all grantees, donors, and donor a			••••
	for charitable purposes and not for the benefit of the donor of			
			•	X Yes No
Pa				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e		orically importar	nt land area
	Protection of natural habitat	Preservation of a cert	ified historic stru	ucture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation	on easement on the last
	day of the tax year.			eld at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re			uring the tax
	year >		_	-
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing con	servation easem	ents during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements	during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and	I balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization	n's accounting for
	conservation easements.			
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther Similar	Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and baland	e sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ince of public se	rvice, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sh	neet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, pro	vide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$_	
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		> \$	
h	Assets included in Form 990 Part Y		_ ¢	

Par	rt III Organizations Maintaining C	collections of A	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (continu	ued)			
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 all that apply):										
а	Public exhibition d Loan or exchange programs										
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	empt purp	ose in Par	t XIII.				
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simila	ar assets						
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part X, line 21.										
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X? Yes										
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:								
							Amount				
С	Beginning balance				1c						
d	Additions during the year				1d						
е	Distributions during the year				1e						
f	Ending balance				1f						
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ility?	L	Yes	☐ No			
b	If "Yes," explain the arrangement in Part XIII.										
Par	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.						
		(a) Current year	(b) Prior year	. ,	(d) Three y			ears back			
1a	3 3 ,	3,468,036.	3,573,658.	3,498,585.		142,667.	2,	735,314.			
b	Contributions	25,350.	123,096.	57,935.	1	20,916.		79,564.			
С	Net investment earnings, gains, and losses	271,754.	-10,711.	172,973.	4	363,905.					
d	Grants or scholarships	120,264.	166,007.	104,427.		99,127.	27. 91,721				
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	56,565.	52,000.	51,408.		47,751.		44,395.			
g	End of year balance	3,588,311.	3,468,036.	3,573,658.	3,4	198,585.	3,	042,667.			
2	Provide the estimated percentage of the cur		e (line 1g, column (a)) held as:							
а	Board designated or quasi-endowment	16.00	_%								
b	Permanent endowment ► 74.00	<u></u> %									
С	Temporarily restricted endowment ▶ 1										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organi	zation	_				
	by:							Yes No			
	(i) unrelated organizations						54(.)	X			
								<u> </u>			
b	<i>\''</i>						3b				
4	Describe in Part XIII the intended uses of the		wment funds.								
Par	rt VI Land, Buildings, and Equipm				, II 40						
	Complete if the organization answere		· · · · · · · · · · · · · · · · · · ·	i	•		() 5 .				
	Description of property	(a) Cost or o basis (investr	1 ' '		Accumulate epreciation		(d) Book	value			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other			0,458.	37,7	38.		,720.			
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		>	22				
								0001 0046			

	on Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	lluation: Cost or er	nd-of-year market value
Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 F	Part V lina 13	
(a) Description of investment	(b) Book value			nd-of-year market value
(1)	(6) 2001. (4.4.6.0	(c) meaned on to		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (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, F	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(7)				
(8)				
(8) (9)				
(8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		11. 0. 116 0.0 5	OOO Dort V line C	,
(8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line		990, Part X, line 2	5.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form	990, Part X, line 2	5.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		990, Part X, line 2	5.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line		990, Part X, line 2	5.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line		990, Part X, line 2	55.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line		990, Part X, line 2	55.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line		990, Part X, line 2	5.
(8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line		990, Part X, line 2	55.
(8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		990, Part X, line 2	5.
(8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		990, Part X, line 2	55.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line		990, Part X, line 2	55.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	(b) Book value		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Sche	dule D (Form 990) 2016 Washington Women's Foundation	91-	1754933 Page
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 4 Add lines 2a through 2d 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b f Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a A mounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments C Other (Describe in Part XIII.) c Add lines 2a through 2d 2 Subtract line 2e from line 1 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 2b C Other (Describe in Part XIII.) 2 2b C Other (Describe in Part XIII.) 2 2b C Other (Describe in Part XIII.) 2 2c C Other (Describe in Part XIII.) 2 2c C Other (Describe in Part XIII.) 2 2c C Add lines 4a and 4b C 56, 56 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) C Foroide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, 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.	_			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2 at hrough 2d 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 12. b Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial statements C Other losses a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) 2 Amounts included on line 1 but not on Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not 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 IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 18.) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 6 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 8 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, line 4; 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.		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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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 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 I, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements C Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25 b Other (Describe in Part XIII.) e Add lines 2a through 2d 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part II, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part 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.	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1,529,71 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Part 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, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	а	Net unrealized gains (losses) on investments 2a 142,542.		
c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1,529,71 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Part 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, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	b	Donated services and use of facilities 2b		
d Other (Describe in Part XIII.) e Add lines 2a through 2d 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 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 7b 5 Total expenses and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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: a Donated services and use of facilities b Prior year adjustments 2 a	С			
e Add lines 2a through 2d 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 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: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part 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. Also complete this part to provide any additional information.	d			
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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) Total expenses per Return. 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: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1,476,30 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part 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, line 2d and 4b. Also complete this part to provide any additional information.	е		2e	142,542
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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 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: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part 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. Also complete this part to provide any additional information.	3	Subtract line 2e from line 1	3	1,529,719
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 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: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part 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. Also complete this part to provide any additional information.	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1	С	A 1115 A 1141	4c	56,565
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: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part 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. Also complete this part to provide any additional information.			_	1,586,284
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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.	Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
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b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1,476,30 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part 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.	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
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b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,532,87 Part 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.	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
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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.			5	1,532,873
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Pa	t XIII Supplemental Information.		
Part V, line 4:			; Part	X, line 2; Part XI,
	Pai	ct V, line 4:		

The Colleen S. Willoughby Endowment was established to support the operations of the Washington Women's Foundation in carrying out its mission to educate and expand the pool of women in philanthropy, to build and strengthen community through individual and pooled investments, and to demonstrate the impact that can result from informed, focused grant-making. The intent is to ensure the long-term viability and sustainability of the Foundation.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2016**

Open to Public Inspection

Name of the organization							Employer identification number
		Foundation	1				91-1754933
Part I General Information on Grants a							
1 Does the organization maintain records		-					
criteria used to award the grants or assis	stance?			d Ctataa			X Yes No
2 Describe in Part IV the organization's pro					anization analyses d "\	/ooll on Form 000 Day	: IV line 21 for any
recipient that received more than 9	_				anization answered	res on Form 990, Pan	. IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Coastal Harvest							
P.O. Box 616							
Hoquaim, WA 98550	91-0826037	501(c)(3)	101,000.	0.			General Support
Colectiva Legal del Pueblo 14249 Ambaum Blvd., Suite R Burien, WA 98166	46-1470709	501(c)(3)	15,000.	0.			General Support
Encompass Northwest 1407 Boalch Ave NW North Bend , WA 98045	91-0825232	501(c)(3)	100,500.	0.			General Support
Planned Parenthood of the Great NW 2001 E. Madison Street Seattle , WA 98122	91-1140642		7,000.	0.			General Support
Team Read 135 32nd Ave Seattle , WA 98122	01-0852888		100,500.	0.			General Support
Terrain 107 S. Howard St	46, 2565022	501(-)(2)	100 500				
Spokane, WA 98201	46-2565099		100,500.	0.			General Support
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations							

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(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				
Washington Water Trust											
nashington water Trust 1530 Westlake Ave N											
Seattle , WA 98109	91-1937417	501(c)(3)	100,000.	0.			General Support				
			,								

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.						
Part I, Line 2:										
Each grantee receiving \$100,000 or more is required to sign a Memorandum of										

Each grantee receiving \$100,000 or more is required to sign a Memorandum of
Understanding, that certifies its existing nonprofit corporation status and
requires the grantee to notify WWF of any significant changes in
leadership, key personnel, or financial situation. The Memorandum also
provides that any modifications to grant goals, structure or timing must be
first communicated to and approved by WWF before grant funds are expended.

For multiple year grants, payments after the first year are contingent upon
receipt and satisfactory review of a required written progress report.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 16 Open to Public Inspection

Name of the organization

Washington Women's Foundation

Employer identification number 91-1754933

Form 990, Part I, Line 1, Description of Organization Mission: influence community transformation.

Form 990, Part III, Line 4d, Other Program Services:

Partner Grant initiatives provide a deeper level of inquiry through an advanced curriculum of hands-on grant making. A committee of Foundation staff and members work with community partners to research, identify, and award grants each year to a nonprofit program in one of the following areas (on a rotating basis): Diversity, International and Emerging Issues. In 2016, \$15,000 was granted to 1 nonprofit. Expenses \$ 126,869. including grants of \$ 17,000. Revenue \$ 0.

Form 990, Part VI, Section A, line 6:

Any woman may be a member of WWF subject to a \$2,500 donation per year. The members may vote for the board of directors. There are no stockholders.

Form 990, Part VI, Section A, line 7a:

Members elect directors of the organization at the annual meeting by majority vote. Directors must be members of the organization.

Form 990, Part VI, Section B, line 11b:

The completed 990 is provided to the Finance Committee sufficiently in advance of the filing deadline to enable a detailed review. Then the Board of Directors is invited to review the 990 in advance of the filing deadline. Once these reviews are complete, the President approves the form being filed with the IRS.

Washington Women's Foundation	91-1754933
Form 990, Part VI, Section B, Line 12c:	
Annually, each board member is asked to complete a confli	ct of interest
questionnaire disclosing any potential conflicts.	
Form 990, Part VI, Section B, Line 15:	
The Executive Committee of the board conducts an annual r	eview of the
<pre>president's performance, collects and reviews comparative</pre>	compensation data
using foundation and non-profit salary survey data and pr	esent their
results to the full board in executive session. The Presi	dent reviews the
same comparative data with regard to the part-time CFO's	compensation.
Form 990, Part VI, Section C, Line 18:	
Form 990's are available on the WWF website and the Form	1023 is available
on request.	
Form 990, Part VI, Section C, Line 19:	
WWF Audited Financial Statements are available on our web	site, other
governing documents are available on request	
Form 990, Part XII, Line 2c	
The Finance, Audit and Investment Committee oversees the	audit and
auditor selection.	

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	V n o O	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	Software and Website	Various	SL	3.00	1	.6	60,458.				60,458.	37,738.		0.	37,738.
				.000	нү1	.6									
	* Total 990 Page 10 Depr						60,458.				60,458.	37,738.		0.	37,738.